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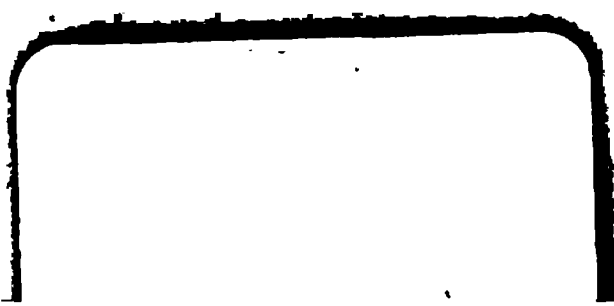
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THE  
MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY  
ALFRED C. POPE, M.D.,  
AND  
D. DYCE BROWN, M.D.

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*VOL. XXXI.*

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London:  
E. GOULD & SON, 59, MOORGATE STREET.

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1887.

**LONDON :**  
**STRAKER BROS. AND CO., PRINTERS,**  
**35, CANONILE STREET, E.C.**

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## THE MONTHLY HOMŒOPATHIC REVIEW.



### NOTES ON ADULT INSOMNIA.\*

BY EDWARD T. BLAKE, M.D.

SLEEPLESSNESS is a symptom for the relief of which our aid, in this great City of Unrest, is frequently sought—a symptom with which some amongst us can most sincerely sympathise. It is in no spirit of illiberality that we assert, that though ably and successfully palliated, insomnia is rarely cured radically on the lines of *contraria contrariis*. This want of success has doubtless served to drive our friends of the dominant therapeutic school to cross the frontier on many a midnight raid.

We are aware that to induce sleep it has been of late the fashion to administer small doses of certain nerve stimuli, in despair at the repeated failure of hypnotics in some forms of sleeplessness. Our friends on the other side know, even better than we do, that there are constitutions which cannot and will not tolerate the exhibition of sedatives.

We must all have been surprised that such trivial and inadequate causes serve at times to destroy all hope of slumber. *Per contra*, it is certainly true that as little will often avail to produce the deeply-desiderated solace of sleep. I fear that we do not always take enough

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\* Read before the British Homœopathic Society, Thursday, December 2nd, 1886.

trouble to isolate in each case the immediate cause of the insomnia. If sound and refreshing sleep cannot be obtained there is nearly always some special causative condition to be elucidated. A little patient enquiry will bring out that so-and-so is the reason that slumber forsakes the seeker for rest. If we are wise, we shall help the sufferer to woo fickle sleep quietly, rather than by violent drugging to drive him into the arms of that too seductive *hetaira*, *Narcosis*, whose perilous acquaintance is more easily made than abandoned.

I propose to read first the brief notes of a case which will serve to illustrate the truth of these positions. At the same time it will, I hope, serve to show not alone the sweet reasonableness but also the feasibility of the homœopathic rule of drug selection. I claim that it helps to vindicate the pretention that this rule is pre-eminently a practical rule, filling up very completely the needs of common work-a-day life, helping us to cure complaints promptly, certainly and pleasantly.

*Tabacum in Spinal Sleeplessness.*

Mrs. —., aged 40, consulted me for the combined effects of severe drug action and of rheumatic fever.

This lady was brought to London in a hammock. I found her in a most pitiable plight. Most of her joints had been left by the rheumatic synovitis rigid and useless, each surrounded by an œdematous zone. They were still exceedingly tender. She lay helpless and immobile, dependent on the charity of her friends even to scratch her face or to drive away the persistent fly. The rigidity, by impeding lung-play, had led to grave disturbance of blood-renovation. This, together with the existing starvation of the spinal cord, added to the excess of cardiac inhibition, the results doubtless of copious *salicin*, had combined to set up a terribly distressing condition of the lower extremities. Whenever the luckless patient composed herself for sleep, and just as she was lapsing into unconsciousness, the knees would attempt to fly up suddenly towards the chest with an abrupt jerk, tearing painfully at the acetabular adhesions.

If you can realise what the repetition of this process meant every half hour during the long and wearisome night you will form some conception of the misery experienced by this unhappy woman.

The anterior cornua of the dorsal portion of the cord, anæmic enough by day, became exceedingly bloodless when the usual diminution of arterial afflux commenced with the slacking heart of sleep. But this lady's sorrows were further augmented by recurrent vertical diplopia (*salicin*), by tinnitus aurium, also probably due to *salicin*, by anodontic dyspepsia, by obstinate constipation, an external anal fistula, and by an offensive leucorrhœal discharge, the nature of which has not yet been ascertained. She had also eczema simplex of face, neck and præsternal region, for which during the past ten years she has taken very considerable quantities of *arsenic*. She has a small, frail, non-muscular frame. Of all this sweet pathologico-pathogenetic *mélange*, not one symptom so harassed her as the flying-up of the stiffened knees, with the succeeding tremulous subsidence, to be soon followed by another tearing jerk, then another tremor, and so on, in alternating agony, during the tedious and interminable night.

Here was a condition not to be relieved by hypnotics: for whilst they had endangered life itself in a frail patient with so feeble a heart, they had, as a matter of fact, entirely failed to bring either relief to suffering or sorely-needed sleep.

Now homœopathy steps in and supplies us immediately with an appropriate remedy that quickly relieves, not alone the sleeplessness, but the symptoms that had induced it.

For the sweats, the impaired memory, the hypochondriasis, the vertigo, the diplopia, the ear-drumming and the facial and crural clonus, the white tongue, the epigastric sinking, alternating with nausea and with flatulence, the heart-action increased by day, diminished down to severe fainting during the night, all pointed so unmistakably to *nicotin* as the indicated remedy that *tabacum* 12 was at once prescribed, and with the most gratifying results. For on that night three consecutive hours of peaceful sleep were obtained for the first time during three months. The next night she slept a little longer, and after the third evening the distressing leg-jerk symptom disappeared to return no more.

The eczema soon yielded to minute doses of *corrosive sublimate* internally, with *hydrarg. oleate* one per cent. applied locally after hot sponging. One by one I forcibly

tore through the articular adhesions. The local œdema departed after firm upward frictions with the same mercurial ointment employed for the face.

In ten days this lady staggered across the room. After a fortnight she crawled downstairs, and soon after I sent her to Brighton. Possibly our good *confrère* Dr. Hughes may be able to add another chapter to her medical history.

Here let me record with gratitude my deep indebtedness to two medical friends then under my care, for affording me such typical and perfect pictures of the results of *nicotism* in their own proper persons, that I was able, without one moment's hesitation, to pitch upon that particular drug, and thus, by their aid, to score a distinct therapeutic triumph. I have found *ipéc.* and *gelsem.* antidote the insomnia of *nicotin*. There is another condition of the legs occurring in a great number of differing diseases, which is a very fertile cause of want of sleep. It is where the legs "ache consumedly" as patients say. The victim graphically describes the sensation as resembling that of having taken a tremendous walk or of having had the lower limbs well cudgelled. This usually disappears, when not the product of organic spinal change, by giving *rhús toxicodendron* in a low dilution. The action is greatly aided by directing the attendant to sponge the legs with hot water, and then to rub firmly in an upward direction into the skin some *rhús opodeldoc*. Occasionally we are told by patients that they could sleep, but that they get the "fidgets" in their legs, and these "fidgets" either postpone or prevent unconsciousness. This is a very expressive term. They mean that the legs cannot be kept in one position. They are compelled constantly to alter the posture of the lower extremities; and this suffices to ward off welcome sleep. This state of things was common enough before the researches of Marshall Hall led to the abolition of bleeding. It suggests immediately a want of blood in the spinal cord. It yields to *rhús* given internally. Here I will pause to remind you that delicate women, with a predisposition to spinal anæmia, should be warned not to expose themselves to the fumes of tobacco before going to bed, lest our efforts to benefit them be hopelessly frustrated.



For that general malaise or "aching all over" which delays sleep, especially in the first stages of catarrh, and for which the earlier disciples of Hahnemann gave *mercury*, nothing appears to equal *baptisia* given in the lower attenuations.

*Conium* is of very considerable value when cold or torpid legs are the chief element in the wakefulness. The *succus conii*. of the P.B. is the most active form.

#### *Insomnia with Palpitation.*

We all know the tried value of *nux rom.* and of *lycopodium* in sleeplessness associated with flatulence and functional palpitation. *Thea casarea* in the 12th centesimal dilution acts well in those who do not drink tea as a beverage. Another excellent remedy is the tincture of the bark of *robinia hispida*; I have always given it low. Flatulence, palpitation, and dry cough yield usually to *lachesis*, and if it fail *naja tripudians* comes to the fore with praiseworthy promptitude, as I know well from recent personal experience. My cough was cardiac, and was associated with a slightly over-active left ventricle. This leads me naturally to speak of the treatment of the very obstinate sleeplessness of gout with its hypertrophied heart. In this great town many gouty men have systematically to read themselves to sleep. After ordering exercise, and strictly forbidding over-exertion, cutting down meat, wine, and tobacco, the king of remedies is *gelsemium*.

An interesting paragraph on the use of *caffein* in cardiac insomnia has recently appeared in the *British Medical Journal*—another sign of the groping towards homœopathically-acting drugs.

"Dr. Otto Seifert (Würzburg) undertook, in the course of last year, a series of researches on *citrate of caffeine*. All the patients to whom he administered it were suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalised œdema. The *caffeine* was given in seven cases, sometimes in repeated doses, at others all in one dose. According to Lepine, the daily quantity should be from one to two grammes. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic, and has no cumulative action. One

to two grammes of *caffeine* should be given in twenty-four hours. Opinions as to the value of the drug are conflicting; the principal drawback to its use seems to be that, owing to its speedy elimination, its action only lasts for a short time. In those cases where compensation has been re-established, the action of *caffeine* may be as prolonged as that of *digitalis*. The general condition is influenced in a striking manner: the palpitations, the dyspnoea, and, as a rule, the insomnia also rapidly disappear."

For neurotic palpitations *aconite*, in the medium and higher attenuations, acts well, as we should expect from its provings. In obstinate cases we may think of *glonoine*, *cactus*, *spigelia*, *moschus* and the *monobromide of camphor*; *digitalis* when enuresis is present and the upper extremities are torpid and tingling. Enuresis, of course, interferes seriously with sleep. *Bell.*, *cina.*, *equisetum*, *pulsatilla*, the last when flatus in the cæcum or the sigmoid flexure seems to be the special cause of the bladder-worry.

For the sleeplessness of mania we have all, I suppose, been at our wit's end. With a furiously maniacal patient the only hope of peace is the general hot blanket pack. I have found it convenient to introduce hypodermically into the loose cellular tissue of the neck, a solution of the new remedy *hyoscine*,\* which is quite as curative as it is palliative. The special indications for its use are Cheyne-Stokes respiration, hydrosis, dilated pupil and noisy cough, livid face, weak and infrequent pulse. All these symptoms have followed the use of over-doses. According to G. W. Mann, *Med. Bulletin*, August, 1886, *chloral* is the antidote of *hyoscine*.

Homœopathy is peculiarly rich in remedies for cerebral hyperæmia. *Belladonna*, *glonoine*, *stramonium*, *cannabis indica*, *veratrum viride* and *gelsemium*. If the venous element predominate we can fall back on *opium* or *morphia*, certain that, whilst giving needful sleep, we are aiding and not retarding ultimate recovery.

In adult occipital headache, delaying sleep when extreme effusion into the perivascular spaces is suspected,

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\* See excellent paper in *Practitioner*, vol. 37, p. 321. It is the 2nd alkaloid of *Acenabane*, discovered by Ledenburg, in 1880. It was first employed therapeutically by Horatio C. Wood, of Philadelphia, see *Therapeutic Gazette*, 1885, p. 1.

*helleborus niger* 12 acts well in inducing sleep. For the milder forms of mental insomnia, as in dementia, *mercuric methide* acts well in the higher dilutions, both causing sleep and favouring ultimate cure. In the case of a girl with hysteric dementia, who barricaded herself in her bed-room, and maintained a successful siege during a whole night, who steadfastly resisted nourishment, observing always a stolid unvarying silence, this drug was followed by complete disappearance of these disturbing and most disconcerting symptoms.

I have shown that in the two men\* who perished through inhaling this drug, dementia and sleeplessness formed salient features of their most instructive cases.

#### *Raphanus in Sexual Insomnia.*

I have recently seen two cases of insomnia depending on immoderate sexual desire relieved promptly by *raphanus sativus*. One was a young Oxford graduate, from whom I had removed a generally adherent prepuce for an epilepsy that was undoubtedly reflex. The sutures were dragged at and the healing delayed by furious priapism. This disappeared on administering a dose of *raphanus* in the 1st decimal dilution each night. The other case was a lady of 40, with general pelvic congestion of venous character. Old left parametritis was present, and the deep pelvic glands were chronically enlarged and tender, the sheath of the left psoas much affected. *Origanum*, prescribed by our late *confrère*, Dr. Bayes, had failed, after repeated trials, to relieve. Some benefit followed *platinum*, but *raphanus sativus* gave the most satisfactory results.

#### *Itching of the Skin.*

Intolerable irritation in the great cutaneous track is so frequently the immediate factor in staying off sleep that I cannot pass it unnoticed. In the acute form of urticaria instantaneous relief may be obtained by the use of a very hot bath followed by the topical application of *chloral hydrate* ʒj, *glycerine* ʒj, merely smeared over the affected parts. We know how thoroughly homœopathic *chloral* is to nettle-rash.

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\* *British Journal of Homœopathy*, vol. 29, p. 21. *Barthol. Hosp. Rep.*, vol. 1, art. 8, p. 141.

In milder cases *pulsatilla*, *sulphur*, *apis*, *aconite*, *oleander*, *clematis* are sufficient. I have seen no good results from *urtica urens*. We may earn the gratitude of patients with a dry, scaly eruption by ordering *carbolic acid*, *kreosote*, or *liquor carbonis detergens*, combined with some appropriate vehicle as *cosmoline*, *vaseline* or *lanoline*. The wife of a medical friend suffered from itching psoriasis till stung by a bee. After taking this inadvertent dose of undiluted *apis mellifica* the irritation ceased altogether, though the rash remained behind. The congested skin of old age is very prone to itch; *codeia* may be tried, and in obstinate cases hydropathic packs may be thought of. Lastly, pelvic congestion in men and in women alike, has to answer occasionally for insomnia. Hot douche at night into the lower passages, or swift cold sitz in the morning, greatly help the action of our tried and valued auxiliaries, *belladonna*, *nuxvomica* and *sulphur*, &c. *Cina*, *ign.*, *sulphur*, and hot compress on the cæcum, hot rectal injections, and a well-oiled anus are indicated for verminous insomnia.

Of course, plenty of outdoor exercise—a most difficult thing to induce Londoners to do. My friend Dr. Renner tells me that if people wear woollen night-gear and sleep between cashmere sheets, they can with impunity tolerate an open window at night all through an English winter.

Finally, I attach immense importance to diet. When we are young we do not need food for sleep, and we are apt to forget to order it for the insomnia of middle and later life. For my sleepless patients, especially if gout be not present and the heart be thin, I am in the habit of ordering a perfect larder to be arranged at the bedside. Convenient forms of nocturnal nourishment are toast-biscuits and cold homœopathic cocoa. In cases of wasting lung-disease, the time-honoured remedy, old rum in sweetened milk, suits admirably.

I feel a certain prescience that I shall be told that I have forgotten to name some of the most ordinary and the most highly-prized medicines in our rich repertoire of rest remedies. Let me anticipate this criticism by saying that I have purposely omitted those which figure with familiar faces in all our hand-books. We know their worth, and we need not discuss their virtues.

DISCUSSION.

Dr. ROTH (presiding) said they had had the privilege of listening to a most interesting communication, and he now invited discussion on it.

Dr. DUDGEON said that Dr. Blake's paper was extremely interesting, and contained some very valuable hints for the treatment of insomnia, and whatever they might think of Dr. Blake's theories in some cases, they must all admit that he had brought before them several instances of great success in treatment. The case where he gave *tabacum* was a capital instance of homœopathic induction. He had observed in a medical journal, as a suggestion for treating insomnia, making the patient lie with the head lower than the body. The idea was that sleeplessness might be produced even by deficiency of blood in the brain, and this could be remedied by turning the patient upside down. Sleeplessness was a symptom of many diseases, and in order to cure it they must direct their treatment to the morbid state. In many cases they were earnestly entreated by patients and their friends to give "something to make them sleep," when they knew that it would be dangerous to do so, as in the bronchitis of old people. A chief cause of death of many old people had been the desire to cure sleeplessness in this way, the result being that the bronchial discharge accumulates, the patient can't get rid of it, and he dies suffocated. Dr. Blake need not have apologised for omitting to name all the remedies for sleep; had he done so, he would have had to name the whole pharmacopœia, as all medicines were useful in some morbid state or other, of which insomnia might be a feature, and the cure of the disease removed the sleeplessness.

Dr. TUCKER referred to Dr. Blake's allusions to fidgetiness in sleepless patients, and said that in patients suffering from this he had found *sulphur* relieve. He had been led to prescribe *sulphur* by a close examination of the homœopathic repertory. In patients suffering from prurigo, and itching all over the body, he had found, after trying other remedies, that relief had been afforded by *magnesia carbonica* and the local application of a mixture of glycerine, water and soda. In some forms of sleeplessness he had frequently found such simple remedies as a basin of arrowroot at bed-time have the desired effect. In a patient troubled with muscular jerkings, the jerkings being sufficiently violent to awaken his wife, he had not found anything do much good, but as his general health improved he gradually got rid of that symptom.

Dr. PURDON thanked Dr. Blake for his very useful paper and quite concurred in his remark that sleeplessness was a symptom

and not a disease in itself. He had lately given *coffea*, *bella-donna* and *hyoscyamus* in a case of sleeplessness, with headache, without any effect, while the *arsenic* and *nux vomica*, given to remove the irritative dyspepsia from which he also suffered, removed the whole train of symptoms. In sleeplessness with fidgetiness he had found *actea* very useful, and *baptisia* in sleeplessness of delicate people with slight feverishness. He could not testify to the effects of *coffea*, but perhaps Dr. Hughes would say that he had been giving it too strong. He had, however, often found a wet handkerchief tied tightly round the head—the Shakesperian remedy for headache—efficacious in giving sleep, and even a wet towel round the wrist. With regard to the sleeplessness of old people he had frequently advised a little night-cap of whisky with advantage to the patient. In two instances he had tried the new remedy called *urethane*. The first patient got sleep for one night, but afterwards was as sleepless as ever, and she again resorted to *aconite*. In the second no sleep followed. The dose given was eight grains.

Dr. HUGHES said he was indebted to Dr. Blake for bringing together so many things on this subject. The paper had reminded him a little of the man who had a dictionary to study, and who said he found it rather disconnected reading. Dr. Blake's paper was so full of points that it had seemed to him rather disconnected hearing. The fact was, he mentioned a number of remedies, and had had no time to dwell upon them individually. The case he had instanced was a very interesting one, and illustrated what they should all never tire of insisting on, viz., the administration of single remedies in mild doses as compared with heavy dosing with bromides, *quinia*, *iod. pot.*, and other things. The latter treatment might sometimes seem to be rewarded by apparent success, but it was too often like the case in which a powerful drug was administered and the patient "died cured." That was a case in which a patient had an internal tumour, in which *iodine* was freely administered, and in which a *post mortem* became necessary. The tumour was gone, but the patient had died. Dr. Hughes then referred to the serious effects of powerful dosing in rheumatic fever, which Gull had shown had a tendency to get well of itself. If medicine was to keep to its first principle, "*non nocere*," the practice of heavy dosing must be abandoned. Dr. Hughes said he had been much struck with the result mentioned in Dr. Blake's paper, where he had withdrawn *salicin* and exhibited *tabacum*, and enquired how far it was to be traced to smoking the *lædens* and how far to giving the *juvans*. He quite agreed with the remarks on sleeplessness as accompanying functional derange-



ments, but sometimes it came before them as the trouble from which the patient more particularly suffered. In *coffea* and *nux* they had most valuable nervines, in the 6th and 12th dilutions. If they would get the beneficial action of coffee they must give it in dilutions of that height from the 6th to the 12th. In the sleeplessness of sedentary persons, where the patient wakes up at an extremely early hour, *nux* 12th would give the most beneficial results. In sleeplessness from rheumatism of a slight character *rhus*. 12th and 30th would be found of great value. So in the fidgetiness described *cham.* and *acon.* 12 were excellent remedies. He did not know why *gelsemium* should be curative in sleeplessness, as it did not appear homœopathic to insomnia; he did not deny its being so, he merely asked why. In pruritus he had found *morphia* 3 useful. Dr. Hughes then referred to a number of cases in the dispensary at Lyons in which *magnesia muriatica*, 1 to 6, had been found of great value.

Dr. CLARKE said he had had much success with *aconite* and *actea*. He mentioned a case where the patient took a pilule of *ignatia* 3 when unable to sleep from thoughts crowding in the mind. She described the effect of *ign.* as if some one had taken a sponge and wiped them all out. He had used *magnesia muriatica* 6 in cases marked by its peculiar constipation—stools like those of sheep—and had found it to improve sleeplessness in such patients, but he had not used it for sleeplessness specially.

Mr. O'SULLIVAN referred to the importance of administering only one remedy at a time. He asked, in connection with a remark made by Dr. Dudgeon to the effect that insomnia may sometimes be obviated by lying with the head low, whether any gentleman present was in a position to verify, from practice or personal experience, the statement of Baron Reichenbach, that all persons—but notably those whose health happens to be below par from any cause—sleep most readily and awake most refreshed when the axis of the body corresponded to the magnetic meridian, the head towards the north. He stated that in two instances within his own experience, insomnia, due apparently to severe study, had been overcome by the simple expedient of moving the bedstead until, in each case, its axis corresponded approximately with the meridian mentioned.

Dr. M. (a visitor), in reference to the action of magnetism, said that he had occasion to examine the dynamos which supplied the electric lighting at a large public building, and in the course of his visit the engineer began to show him the power of the magnets. He took the opportunity to ask the man whether he had noticed that his occupation among the magnets

had affected his health in any way. He said the first week of his employment he had felt very irritable, the next week he had felt very sleepy, and since then he had noticed an increasing irritability. He added that all the workers had experienced the same effects. In reference to *urthum*, the speaker said that in one case he had given eight grains of it without producing sleep, but with the effect of causing distinct attacks of syncope.

Dr. Roth said that Dr. Dudgeon and Mr. O'Sullivan had alluded to matters of which he had had experience in his own practice, now extending over 47 years. Reichenbach has confined his observations to highly sensitive persons, and with regard to such there was great truth in his observations. His suggestion was that restless and sleepless persons should lie in the direction of the terrestrial magnetic meridian, when the head would be to the north and the feet to the south. He (Dr. Roth) had found that arrangement have very soothing effects. Insomnia was not an affection in itself, but only a symptom of a state which demanded attention. Where it was produced by pruritus in old women the external application of *citric acid* was followed by great relief. Dr. Hughes had spoken of the effects of *natr. mur.* in the sleeplessness of sedentary persons, but he himself had been in the practice of advising more out-of-door exercise and less brain work. He had often found also that sleeplessness arose from cold feet, which quite prevented some persons from sleeping; but warm the feet and the patient would sleep. With regard to the patient in the hospital, he would recommend *arnica*. Then there were many so-called derivatives touching the condition, such as foot baths, active, passive, and so-called resistance movements on the lower extremities, and other simple but effectual measures. Among them was the practice of producing artificial sleep by fixing the attention of the patient, not in the manner of the old biologists, which seemed to operate by producing a kind of weariness, but by merely fixing the attention on the to and fro movement of a pendulum, etc. He had known a number of young people who by the fixing of the attention on the tick-tack of a clock, or repeating the alphabet, had been relieved of sleeplessness, especially where there was no organic disease.

Dr. BLAKE said he was very pleased at the reception accorded to his paper and the remarks it had called forth. As to sleeplessness, he had found in a general way that it was seldom an affair of the brain. Like true religion, it was more an affair of the heart than of the brain. More frequently it would be found that there was a slight perturbation of the heart, while he had noticed that a very considerable amount of brain disease

might exist without sleeplessness. Hence anxiety, over athleticism, hot weather and other cardiac disturbing causes were responsible for much insomnia. With regard to the plunging which had been mentioned, it was certainly cardiac through the influence of the spine, and cardiac remedies would remedy it. In a case where sleeplessness had been caused by an enormous distension of the transverse colon with wind, he had found it disappear after *henbane*. He must join issue with Dr. Hughes on the point that insomnia exists alone. It may be so in Brighton, but he had not found it so in London; though he admitted that from the effects of mental distress, or change of climate, primary idiopathic insomnia might arise. In the case referred to in his paper, and named by Dr. Hughes, the symptom of leg-twitching in the two doctors was very marked; both of them left off the *tabacum*, at his (Dr. Blake's) direction, and this symptom ceased. A curious feature of some cases of nicotism was the feeling of an ant walking round the waist. Dr. Blake then referred to three cases, the differing pathologies of which offered excellent examples of what varying conditions, having only constipation as a condition common to all, *magnesia muriatica* 80 had proved useful in. One was a pallid, scrofulous parson; another a bilious, dark-haired member of our legislature; the third was a girl with a retroflexion and a rectal adhesion. With regard to the remarks of the house surgeon as to the desirability of administering one remedy at a time, that seemed feasible with hospital patients, but the difficulty in treating rich patients was that you wanted to do them too much good. One correction he must make, as he did not express himself clearly as to the *rhys* he applied externally; it was *rhys opodeldoc*, the same drug that had been administered internally. But as to the exhibition of one remedy at a time he would merely observe that the perfect homœopath always administers a solitary and single remedy. Referring to Reichenbach's recommendation, he remarked that when in London he slept with his head to the west and suffered from insomnia, but on removing to Hampstead he slept with his head to the north and gained much better rest; but then Hampstead is a big, quiet place and the neighbourhood of the Marble Arch is a big, noisy corner. There, trifles would sometimes keep people awake. He remembered staying at a hotel where he could not get to sleep, but at last found that on the bed was a starched coverlet. Now he never could sleep under a starched coverlet. It was removed and he slept well. Another little point was that prolonged inspirations favoured sleep, and he had found that you could put patients to sleep by prolonged breathing.

## THE THERAPEUTICS OF HYDROPHOBIA.\*

By JOHN DAVEY HAYWARD, M.D., London.

VON ZIEGLER writes, in his classical work on medicine, or rather the author† of the article on hydrophobia writes: "All therapeutical agents are without effect, and I only mention them for their historical interest." Trousseau, in a clinical lecture on the subject, relates a case and says: "I merely recommended that the patient should be watched, and nothing else, as experience had taught me that we are completely powerless against this cruel malady." Also a writer in the *Practitioner* for 1874, says: "People have recovered from most forms of poisoning, but from hydrophobia never."

These pessimistic opinions as to the treatment of hydrophobia are shared by the great majority of the most distinguished members of the profession of medicine; but lately several have announced their belief in the curability of the disease; especially Dolan, in his

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\* The following paper formed the second part of the essay which gained the prize of £30, offered by Dr. Prater, for an essay on Hydrophobia. The manuscript of the first and larger portion of it was destroyed in the fire at Messrs. Straker's printing office, in June, 1886, where it was being put into type: what now appears had not then been forwarded to the printers.

The part destroyed consisted of an account of the disease, its history, its symptoms in man and animals, its pathology, and the local and general methods for its prevention after inoculation. Means for the prevention of the spread of the disease were discussed, and a detailed account of the best treatment of the wound related. There was little that was original in it, beyond accounts of two cases of spurious hydrophobia, which had occurred under the writer's observation in hystero-epileptics. For description of hydrophobia in its above-mentioned aspects reference must be made to the larger text-books and to records of *post mortem* examinations by Dr. Gowers and others.

In the following account of the therapeutics of the disease, it must be allowed that no treatment of this kind is of anything like so much importance as the early and thorough local management of the wound; the excision of the recently wounded part, and its cauterisation is of the first importance: even in less recent cases the bite must be efficiently treated: then the patient's mental condition must be attended to, and efficiency of the means employed insisted on: the general management of the subject and his therapeutic treatment follow.

The writer is chiefly indebted to a case by Dr. Leatham, with that writer's comments thereon; to a case by Dr. G. Blackley, and to hints, prior to this publication, given to him by Dr. Dudgeon.

Pasteur's experiments and conclusions are shortly considered. The writer has seen reason to modify the sanguine views thereon which he first expressed.

† Bollinger.

valuable work on hydrophobia, and Dr. W. T. Forbes in a similar book; while cases of recovery have been reported from time to time. It is chiefly, however, among homœopaths that the belief is entertained that we are not so powerless against the malady as is commonly supposed, and that Hahnemann's rule for treatment will apply against this as against other dread diseases. Cases and facts are not wanting to support this belief, but much remains to be done in the way of further investigations, and it would be of enormous benefit to the therapeutics of this disease if the treatment of cases experimentally on the homœopathic plan could be carried out in some such extensive manner as has lately been done, with another object in view, by Professor Pasteur. Where cures of the disease by homœopathic means have been reported, of course there have not been wanting declarations that such cases were not the true disease, but were either spurious hydrophobia or some disorder with symptoms resembling hydrophobia; and there are even instances (*vide* note, Case I.) where cases recognised as being hydrophobia have had this diagnosis changed if recovery results. Such, however, has always been the way in which the wonders of this new system have been met; results so exceptional must be due to wrong diagnosis, purposive or from ignorance; rapid cures of diphtheria, cholera and pneumonia have been called recoveries from ulcerated throats, simple diarrhœa and catarrh, until the common every day occurrence of the brilliant cures of these diseases forced the proof that such was not the case. The absurdity of calling membranous inflamed throats diphtheria, only when the patient narrowly escapes with life after a tedious illness under old treatment; of asserting cholera to be "true," only when the patient dies or nearly dies; of calling tonsillar affection quinsy, only when it has a prolonged course and nearly chokes the patient, has been pointed out over and over again in our literature. The name of cholera was refused to cases treated by homœopaths because the disease was recovered from more rapidly, and in a much larger proportion of cases than under allopathy, until the genuineness of the cases was proved by official inspection, and by the results which followed the adoption of the homœopathic treatment by those who still abused homœopathy. To show that the rule *similia*

*similibus curentur* has been and may be expected to be of benefit in the treatment and prevention of hydrophobia, will be the main object of the remainder of this essay.

In this place it is interesting to refer to a letter from the *Lancet* of March, 1827, in which the following occurs: "As all those around the sufferer know that the disease leads rapidly to death, if the medicinal poison cannot effect some change in its course, they say let the drug be given until some alteration in the symptoms is produced. But, unfortunately, they do not recollect, or perhaps, do not know, that the symptoms arising from the absorption of all, and every one of the active poisons hitherto experimented on, are precisely those that characterise the disease resulting from the bite of a rabid dog,—*prussic acid*, *strychnine*, *upas*, the poisoned arrows of Java and Africa, the *nux romica*, the essential oil of tobacco, the venom of the viper,—when applied to a wounded surface, all produce tetanic spasms, stricture of the muscles of deglutition, irregular respiration, convulsions and death. The poison of the rabid dog when it enters the circulation gives rise to the same train of symptoms. I would ask, then, upon what process of reasoning is the expectation founded that the exhibition of any of these poisons can alleviate the symptoms, or avert the death which they all produce with equal and unerring certainty.

How can the phenomena arising from the mixture of one or other of those poisons with the blood be distinguished from those of the others, seeing that the characteristic effect produced by all and every one of them upon the animal is irregular contraction as well of the muscles of voluntary as of involuntary motion. A disease, then, of which irregular muscular action is the leading peculiarity, cannot be relieved by poisons, capable, *per se*, not only of aggravating but of producing the characteristic and deadly symptom; in fact, as the effects of the medicinal and rabid poisons cannot be distinguished accurately from each other, no rational bounds can be assigned to the administration of the former, nor any very certain criterion be established as to the share which the latter may have had in the destruction of the individual."

Here is a distinct picture of the homœopathic treatment of the disease, and why such remedies are used is

shown in homœopathic literature. The *Lancet*, two years later (1829), itself contains a partial answer to the queries above given, when, in a discussion on hydrophobia at the London Medical Society, in December, 1829, amongst the drugs recommended:—" *Belladonna* as a counter-irritant, and from its producing a dryness about the throat, the chief seat of the spasm, was considered as one of the most probable for success; *mercury*, which produced effects very similar to those of syphilis, and *belladonna*, which threw out an eruption like scarlatina, were both of them remedies in these several diseases."

It is to be noted that therapeutic treatment is seldom commenced until symptoms of the disease appear, and so the poison has a long period of start over the drugs and measures employed. There is hope and promise that early homœopathic treatment, begun soon after the infliction of the injury, would have power to ward off the manifestation of the malady; the long incubation gives an opportunity for a homœopathic fight with the morbid material in the system. Where large numbers of persons, who have been treated in a certain way from the date of contagion, are observed, with the result that a much less proportion develop the disease or succumb thereto than of cases not so otherwise treated; the basis of the scientific therapeutic preventive treatment of the disease will be established.

The writer may here express his belief that it is during the incubative period chiefly that help is to be expected from drugs. Possibly some of the cures of hydrophobia reported were merely recoveries from pseudo-hydrophobia, or from diseases with neurotic or hysterical symptoms resembling the disease; the diagnosis of the disease is not always easy, and mistakes therein are common to all schools of practice; still it is from homœopathy alone that there is as yet any evidence or solid hope of cure (*vide* cases). Even where grave symptoms have appeared it can hardly be right to "do nothing but watch the patient," as Trousseau directs; this is not the way to discover the remedy, if such there be; nature must be herself making some effort to expel the disease, and attempts to help her therapeutically can at least do no harm, while "*aegroto, dum anima est, spes est.*"



Cases where the well-developed disease has, apparently, been cured, will be noticed further on ; we still, however, require proof that there are good grounds for belief that we can with any certainty cure the disease, when fairly developed, in any large proportion of cases. That there is hope and evidence that such may be the case the writer hopes to show.

Some of the phenomena of the disease can, undoubtedly, be alleviated, and that we may be in a position to prevent one of these, the fatal issue, is our hope. Anyone impressed by the utter hopelessness with regard to treatment which dominates the profession, would be surprised at the number of cases scattered through medical literature, where, what seem to have been undoubted specimens of the disease, have recovered, even when the characteristic phenomena of the disorder were well developed. There is nothing optimistic in the belief that early medical treatment may prevent or ameliorate this disease, as nearly all others, if utilised according to the therapeutic rule which dominates the relation of drugs to disease ; although the discoverer of this method writes that if the disease in question "be already present, we know no remedy whereby it may be certainly cured," he suggests that *belladonna* may prove a specific.

The various drugs employed against hydrophobia will be first considered, where anything favourable can be said ; Pasteur's plan and proceedings will then be discussed, and a few cases extracted from medical literature submitted.

#### *Belladonna.*

For more than a hundred years the value of this drug for this disease has been recognised, and there occur records of series of collected instances where the persons exposed to the disease were treated with this drug without the development of the disease taking place, the percentage of such immunity being considerably larger than in cases where the drug was not used. Mr. Youatt, who made extensive and classical investigations in rabies in the dog, believed that a mixture prepared by him and which consisted of *belladonna* and *scutellaria*, was of great value as a prophylactic. He considered that *belladonna* when used in dogs during the incubative period was, in all probability, a specific (*vide* Watson's *Physic*). Watson



(*Physic* vol. I.) writes :—" If ever hydrophobia was cured the credit is due to *belladonna*."

Dr. Richard Hughes in his *Therapeutics*, advises that anyone bitten by a suspected dog should be kept " under the influence of *belladonna* until the utmost limit of incubation has been reached," he also recommends the use of massive doses, stating that " it is only in the largest quantities that *belladonna* has caused hydrophobic symptoms, and it is from corresponding doses that its remedial power has been most frequently obtained."

Not only as a prophylactic but also when the disease has actually appeared, has this drug been eulogised. Hempel narrates five cases where cure is supposed to have followed its employment. Bayle relates four cures in six cases treated thereby, and several others are recorded (*vide* cases).

The close relation of the action of *belladonna* on the nerve centres to that caused by the poison of hydrophobia is readily recognised. Hahnemann recommended it and is said to have performed cures therewith. In the *Materia Medica Pura* the pathogenetic action of *belladonna* is admirably suited for comparison with the symptoms of hydrophobia. The symptoms numbered below from the *Materia Medica Pura* are worthy to be called hydrophobia symptoms (quoted by Leadam) viz :— 65 to 105, 105, 107, 108, 121, 124, 125, 129-30, 131, 152, 170, 172, 175, 185, 339, 379, 380, 382, 404, 415, 509, 510, 511, 516, 521, 522, 523, 524, 570, 830, 831, 832, 920, 1,067, 1,069, 1,070, 1,072, 1,073, 1,074, 1,089, 1,094, 1,134, 1,142, 1,144, 1,189, 1,212, 1,219, 1,314, 1,315, 1,325, 1,339, 1340, 1,341, 1,345, 1,374, 1,377. 1,400, 1,403, 1,410, 1,412, 1,413, 1,415, 1,417, 1,4118, 1,421, 1,425, 1,426-27, 1,428, 1,429, 1,430, 1,433. Among these symptoms are :—various headaches ; " increased sensitiveness of the meatus auditorius ; spasmodic movements of the lips, the right corner drawn outwards ; risus sardonicus ; spasmodic distortion of the mouth ; bloody foam at the mouth ; vacillation of the head and gnashing of the teeth ; grinding of the teeth, with copious saliva running from the mouth ; impeded deglutition ; painless inability to swallow ; short lasting, but frequently recurring contraction of the œsophagus, more during than between the acts of deglutition, painful contraction of the fauces when

preparing the parts for the act of deglutition, a tension and stretching is experienced by them, although deglutition is not accomplished ; he has the greatest trouble in swallowing water and can only get down very little of it ; aversion to every kind of liquid, he demeans himself frightfully when seeing it ; difficult respiration ; convulsive movements of the limbs ; convulsions ; anguish prevents one from falling asleep ; extreme sensibility to the cold air ; he is tormented by a burning thirst and by heat and desires to drink from time to time, but when offered a drink he repels it ; anxious and fearful, he is beside himself, rages, talks much about dogs : paroxysms of delirium ; violent shaking of the head, foam at the mouth and loss of consciousness ; great irritability and sensibility of the senses, taste, smell, tact, sight and hearing are more refined and keener than usual, his feelings are more easily stirred up ; he tosses about in his bed in a perfect rage ; he tears his shirt and clothes, frenzy, with attempts at violence ; instead of eating that which he had called for, he bit the wooden spoon in two, gnawed at the dish, and grumbled and barked like a dog ; inclination to bite and tear everything around him ; bites and spits ; apprehends death."

These and other symptoms evidence the close homœopathicity of *belladonna* to the symptoms of hydrophobia, while the red throat and neighbouring mucous membranes with congested nerve centres are pathologically common to both. *Atropia* probably has similar action. Dr. Vernon Bell mentioned before the British Homœopathic Society that one day he took the twenty-fifth of a grain, "and shortly after grew anxious and restless—his vision became impaired—deglutition and micturition difficult—tongue, mouth and throat excessively dry, with a constant desire to spit out pellets of inspissated mucus like bird-lime."

*Atropin* is deserving of careful trial in the early stages of hydrophobia, its relation to the first symptoms is evidently homœopathic, and a case in which sub-cutaneous injections of this drug gave evidence of beneficial action is recorded by Dr. Jousset.

Among the cases quoted later on are several in which *belladonna* has been employed in the well-developed disease, both successfully (cases i. and ii. etc.) and unsuccessfully (Cases III., XX.).

*Stramonium.*

This drug is said to have acquired a great reputation in China for cases of hydrophobia.

Hughes writes of this drug:—"I should be inclined to choose it in preference where the general nervous irritability and delirium were extreme, and *belladonna* where the throat symptoms showed that the stress of the mischief had fallen on the medulla oblongata and its issuing nerves;" and in a discussion before the British Homœopathic Society, he said:—"While not questioning the homœopathicity of *belladonna* to hydrophobia, he thought that the main influence of the medicine would be exerted upon what was the less important element of the disease, viz., the affection of deglutition, which had been traced to inflammatory action in the medulla oblongata and its issuing nerves. Our object should be to combat the tendency to death, which here arose from the exhaustion produced by the incessant delirium and restlessness. He thought that to meet this element in hydrophobia *belladonna* yielded in potency to one of its congeners, viz., *stramonium*.

On comparing the pathogenetic symptoms of *stramonium* with those of hydrophobia, many will be found in common, more especially will it be noticed that this drug presents biting and snapping with great irritability; anxiety and restlessness; paroxysms of delirium; epileptic attacks; venereal excitement; spasmodic difficulty of breathing; hallucinations; spasmodic dysphagia; dry throat; and the *post-mortem* signs are those of irritation of the brain and throat. On comparison of the symptoms of *stramonium* in Jahr's new manual with those of hydrophobia, their remarkable resemblance will be evident; the delirium, the sensation of choking on attempting to drink and the anxiety are identical.

In a letter to the *Morning Post*, signed G. S. Forbes, evidence is offered of the power of *stramonium* in the crude form of *datura*, leaves or seeds, as a prophylactic, and a cure for hydrophobia. After relating many fatal cases of the disease following the bites of rabid jackals in India, and stating cases under his own observation where thirteen people were bitten by one jackal and five by another all dying of hydrophobia; the writer continues:—"While I was residing at Chettespore, in Ganjam, not

far from the cantonment of Berhampore, I was one night awoke by my head servant who came to tell me that three of the stablemen had been bitten by a mad jackal. (In its natural state the jackal flies from man and never attacks him.) He begged me to send at once for a Brahmin, residing at Ganjam, about four miles off, who was known to have saved the lives of many persons attacked with hydrophobia. The Brahmin came at daylight and administered a green pulp, which from its smell and its effects proclaimed itself as *dalma*; he warned us to expect the paroxysm of delirium and stupor during twenty-four hours, and enjoined abstinence from certain meats, but he would not divulge the nature of his remedy nor was he willing to sell the secret. He assured me that the medicine was equally efficacious during an attack, or as a preventative taken beforehand, and it is certain that he was universally believed to have cured numerous cases. The persons bitten were in my service for a year at least and none of them were attacked." (See also Cases IV., VII.)

#### *Hyoscyamus.*

The close relation this remedy bears to *belladonna* suggests a similar relation to hydrophobia. The irritant action on the brain and mucous membranes explains the delirium, dysphagia and generally typhoid condition seen in poisoning by this drug.

In the *Materia Medica Pura* besides other symptoms resembling those of hydrophobia may be mentioned:—

"113. Impeded deglutition. 115. Frequent hawking up of mucus. 119. Great dryness in the throat, and thirst. 128. Constriction of the throat. 129. Inability to swallow. 132. Hydrophobia. 135. Dread of drink. 137. After drinking he was now attacked with convulsions, now he did not recognise those present. 138. He asks for drink, and is nevertheless unable to swallow. 139. Frequent spitting of saliva. 451. Alternations of ease and rage. 466. Restlessness. 470. Anguish. 471. Fits of anxiety. 473. Concussive startings, alternating with trembling and convulsions. 475. Strange fear that he will be bit by animals. (*Vide* Cases I., VII., XIX.)

#### *Serpent-venoms.*

That other animal poisons might prove of use in a disease caused by a specific virus from the dog, may,

from analogy, be considered probable, and there is evidence to support the supposition. In the *Medical Times and Gazette* for December 1st, 1883, Dr. Richard Neale refers to cases in which "the value of inoculating the venom of the adder was apparently established by several experiments and observations in cases of hydrophobia." It was asserted in *Les Mondes* that hydrophobia was almost unknown in some parts of Spain, because the peasants inoculate their children by allowing them to be bitten by snakes. This has been denied, but interesting experiments in the preventive and prophylactic power of serpent poison in animals exposed to the virus of rabies, might be made.

Dr. Hayward, in his work on *Crotalus* (Hahnemann Publishing Society) refers to two cases where hydrophobia is supposed to have been cured by *lachesis*; he argues that *crotalus* would have curative power in the same disease, and Dr. Tuthill Massey has recommended the same remedy.

Among the symptoms of *lachesis* are (Jahr): "Hurried talking, with headache and redness of the face, or with mental derangement and constrictive sensation in the throat; difficulty of swallowing food or drink, or saliva; convulsions and other spasms; headaches, &c." (*Vide* Cases I., II., VI., VII., XI.)

(*To be continued.*)

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## STOMACH PAINS, CRAMP, GASTRODYNIA AND CARDIALGIA.

BY BERNARD HIRSCHER, M.D.

Translated by THOMAS HAYLE, M.D. (*Continued from* p. 426.)

### *Phosphoricum Acidum.*

**PATHOGENETIC SYMPTOMS:** With predominant gastric symptoms; with all kinds of change of taste, acidity, loss of appetite, thirst, belching, rumbling, diarrhoea, retching, vomiting of food, distension of abdomen, great weakness, prostration, as occurs in the status pituitosus and gastricus of old people; ache in the stomach, worse on movement, as from a load, and sleepiness; confusion of head; ache on each tooth before and after eating;

weight like lead, fulness, uncomfortableness, cold or burning in the abdomen.

Aching shoots in the epigastrium, &c., from there to the sacrum, as if something was drawn away. The known character of this excellent curative agent allows its employment only in those states which bear the character of a catarrhal affection, with atony, or of blood-decomposition, consequently in the status gastricus, pituitosus, biliosus, in typhoids and putrid fevers, in chronic dyspepsia, especially when it runs into intestinal catarrh and the like.

### *Phosphorus.*

The following very characteristic gastric pains resulted in the physiological provings on healthy people. Besides the earlier abundant labours of Hahnemann, Hartlaub and Trinks, Stapf and Gross, Rau, Veysemeyer, the experiments set on foot by Sorge in his excellent prize-treatise "*Der Phosphor*," Leipzig, 1862, have been here used.

Stomach very sensitive, tolerates only light food; does not bear pressure; violent burning in the stomach and intestines, with thirst; anxiety; convulsions of the face; shuddering; cold extremities; weak pulse; sinking of the powers; burning and aching weight; burning and cutting in the region of the stomach; burning and biting; ache as if he had got a blow in the stomach, sometimes on a small spot on the cardiac orifice, especially on swallowing bread, which seems to remain there; fulness and movements in the stomach; as if squeezed; holding together of both sides of the stomach, tensive constriction and gnawing; constrictive pinching, drawing and stretching; extensions, shoots, shocks, painful up to the throat. Rumbling noises and borborrygmi, as from bubbles of air. Painfulness to external touch and during walking. Stomach ache, as if empty, as if full, distension, difficult digestion. Feeling of weight, feeling of cold, alternating with heat; burning heat, like hot gas going out of the mouth. Grasping and twisting in the region of the stomach and the stomach, in fits. Cramp of the stomach with chilliness; in the evening inflammation and gangrene in the stomach and intestinal canal, with violent burning and cutting; anxiety about the heart and nausea, combined with a

peculiar feeling of hunger, relieved by eating, but in spite of that, in an hour's time in bed torturing and preventing sleep. Oppression in the epigastrium, better by belching with slight ache, and once a feeling of ache and weakness in the act.

The greater part of the following digestive troubles are the result of compilation, and therefore to be received with caution:—Tongue dry, unclean, burning, white, slimy, as if covered with a skin; mouth dry, sticky; much running together of watery spittle; slimy saliva runs in viscid drops clear as water out of the mouth (in animals); taste dirty, viscid, very bitter, very sour, dirty, sweet, salty-sweet; disgust for milk, loss of appetite, feeling of hunger, no proper taste of food and drink; fulness up to the throat; Nocturnal morbid hunger, not to be appeased by eating, with weakness, heat, sweat, then chilliness; loss of appetite, and disgust, relieved by lager beer; morbid hunger, relieved by difficult belching; desire for acids and tasty things.

Belching clearly audible, frequently abortive, with ache on the chest, pain in the bowels, yawning; empty, with burning after food, with burning and yawning; loud, acid, rancid, bitter, of rancid water, like stale eggs, with pain in the cardiac orifice, as if something was torn; acid regurgitation of food and belching; full of bile; bitter rancid mounting up of water, heartburn, hiccough.

Nausea and flabbiness, going away after drinking water; with great thirst; nausea, with giddiness and oppression at the epigastrium; retching and fainting bouts in the forenoon and evening; choking; choking vomiting; with the most frightful torments; abortive retching with choking without vomiting; waterbrash; vomiting painful, empty of food, of mucus, acid, bilious; vomiting of blood; vomiting of frothy white mucus and frothy saliva; vomiting of a mucous yellow fluid, with violent burning pain in the stomach; vomiting of a watery fluid mixed with blood.

During eating the pains begin and last while eating; after eating, shock in the stomach, as if a heavy weight lay in it; anxiety and restlessness, sleeplessness, head-affection, confusion, giddiness, dazzling; pain, heat; increase of pains in the stomach and of troubles of digestion; throbbing under the epigastrium; aching in the bowels; distension of the abdomen, with



borborygmi; pressure to stool; tightness of chest; palpitation; smoking a cigar aggravates, beer relieves the nausea.

The pathological anatomy in regard to the phosphorus actions is enriched and relatively cleared up by Sorge's monograph. This treatise gives the earlier trials on healthy animals by the introduction of *phos.* into the stomach or intestines, then his own inquiries and poisonings of healthy animals through the rectum as well as by the injection *ol. phosphor* into the jugular vein; experiments on animals with the vapours of evaporated *phos.*; and lastly by poisonings of healthy men by *phos.*, and the early as well as his own provings of *phos.* on the healthy. Although poisonings as the sources of pathological anatomy can only be taken into consideration to a certain extent when we have to do with the pure actions of a medicine, yet they form a completion of the objective state of the case, full of significance, which will be here led to the extreme limits of the therapeutics verified according to the simile.

We will in this sense proceed cautiously and prudently with the following organic changes produced by *phosph.* actions. They are: Stomach externally red, covered with an easily-separable, thready, flocculent substance (in rabbits). Quite externally, over all, dark, bluish-black places, transparent, which have around them a somewhat large, white, rather opaque spot of the serous coat, of the size of a millet seed. Stomach somewhat softened, macerated, studded with brown-black spots, which correspond to eroded places between the narrow, clear, or dark streaks formed by extravasated blood. Abnormally distended stomach. Punctuate injections. The stomach, unusually small, contains dark bloody slime; mucous and muscular coat thickened; stomach flabby. On the cardiac half the mucous membrane is soft, loosened out; under it in the muscular tissue many scattered, black, irregular spots, of the size of the head of a knitting needle; also smaller extravasations, which can be removed with the point of a knife, and present the appearance of corrosion; sack of the stomach thickened; in the fundus remarkable dilatation of the veins, and a narrow streak of veins of the size of a knitting needle near the pylorus; mucous membrane tinged dark yellow; in the muscular coat particularly small brown spots; the



coats paler than in healthy rabbits; several brown spots on the pylorus. Near these several firm fixed black spots in the mucous membrane; mucous membrane thick, gelatinous, bluish-red; on the cardia and pylorus black spots; mucous membrane contracted in folds, easily separable, with a mucous coating (in a dog); mucous, with blood, in the stomach; upper portion of the intestine and of the pylorus appears pushed up into the stomach (in a frog); mucous membrane inflamed; red; contents partially white viscid mucus; inflammatory redness as far as the middle of the stomach, so that the pyloric and cardiac halves are strongly divided in colour at the fundus, and at the cardiac portion of the great curvature a large purple-red surface with black spots; stomach dark red, covered with a number of pointed, separately placed blood vesicles, almost the size of a linseed, which, when pricked, discharge their blood; mucous membrane softened, easy to be lifted up; muscular coat, much injection of the capillaries; pyloric portion pale and normal (rabbit). The whole internal surface of the fundus a picture of the brightest inflammation, also in the small curvature; upon the inner surface very intensely red vascular plexus; surface of the folds brown red; upon the mucous membrane dark, bloody, firmly-adherent mucus.

Gastritis with perforation. In the internal parts the epithelial coating of the mucous membrane of the fundus to a great extent partially failing, thrust off; almost the whole internal surface of the stomach studded with small black spots, which form small ulcers biting deep into the muscular coat, with sharply cut somewhat elevated borders, the bottom of which was filled with black, decomposed masses of blood, and which correspond to the blue-black points outwardly perceptible. The upper portion of the duodenum slightly reddened. Round ulcers as large as a mustard seed, greyish-brown, upon the elevated folds of the mucous membrane (in a cat). In the region of the pylorus an ulcer with distended brownish edges of the size of a two-franc piece, a rather smaller one on the great curvature. On the posterior wall of the stomach, in the region of the pylorus, two gangrenous perforating ulcers; a similar one on the fundus, which penetrates all the coats even to the peritoneum; the mucous membrane from the

cardia even to the fundus partially ash-coloured and dark; partially puffed out and softened; mucous membrane yellowish-red; hæmorrhagic effusion on the fundus and on the middle of the small curvature. In the mucous membrane of the fundus small pit-like, flat deepenings; large ulcers towards the small curvature; mucous membrane yellowish-grey, somewhat thickened towards the pylorus.

Clinical: In forming a judgment on the sphere of the drug, Sorge lays great stress on the appearances produced by an injection from the intestines and by infusion, because these are not mechanical toxic symptoms. He finds that *phos.* is useful for diseases of the fundus and the cardia, with the following special symptoms: Tenderness of the fundus on pressure; feeling of extension of the epigastrium and abdomen; heartburn, with acid rancid taste; morbid hunger; belching; mucous vomiting; tightness of the epigastrium, with prostration; confusion of the head; feeling as if diarrhœa was coming on; discharge of small quantities of foetid flatus; constriction; pressing and burning in the stomach; aggravation by smoking cigars; relief from wine, lager beer and eating.

Hahnemann\* cites as general indications, pains of stomach; severe ache after eating, with vomiting of all food; a sort of constriction of the cardiac orifice; painfulness of the pit of the stomach on the touch.

Ch. Müller† employed *phos.* in chronic gastric catarrh as well as in gastric cramp, which shows itself as a neuralgic form of disease. In a later treatise‡ Müller remarks that among these cases were some very inveterate and organic ones. Meyer§ says expressly that he found it indicated when the vomited matters are sometimes tinged with blood, short intervals, emaciation and anæmia give rise to this suspicion. Where there was no such suspicion, Meyer had then only recourse to *phos.* when there were heartburn, sour belching and vomiting, the vomiting following soon after a meal, or rather like a regurgitation. The pains were increased by drinking; the thirst was not so tormenting as that of *arsenic.* *Phos.* was most successful in gnawing pains going through to the back, aggravated by walking, sensibility to touch. He

\* *Chron. Kht.*, 5, 3.      † *Viertelj. Schr.*, bd. iv., s. 281; bd. v., s. 241.

‡ *Viertelj. Schr.*, bd. vii.; s. 247.      § *Viertelj. Schr.*, bd. ix., s. 447.

proved it in five cases. In a specially-related case, at the bottom of which, without doubt, a gastric ulcer lay, *phos.* 6 immediately lessened the vomiting but increased the pain, on which account *phos.* 30 was given, with the result that in 13 days the vomiting entirely ceased, the pain became more rare. *Ars.* 6 perfected the cure. Also in two other cases of the kind *phos.* improved, afterwards *nux v.*, *arsen.*, and *atropin.* The patient remained away.

In Schroen's\* case several physicians had diagnosed an induration of the cardiac orifice. He found it besides indicated in cramp of the stomach. Also in several (7) cases cited by Rückert, as No. 79, 83, organic change is to be suspected. No. 84 took the form of a neuralgic coeliaca. Nos. 80, 81 came out as mucous membrane affections. No. 78 is probably a neuralgia. No. 82 is too superficially described to enable us to give an opinion. Of the patients, 1 was of the choleric temperament; 1 suffered from piles; 1 was of delicate build; 1 girl was slender and sanguineous; 4 men and 3 women were between the ages of 50 and 60.

The pain was especially aching, then constrictive, contractive, burning, twisting and grasping; gnawing, shooting in the stomach, in the cardiac orifice, in the epigastrium, which was painful to the touch, extending into the back and ascending as a bite into the mouth; extending into the throat, into the hypochondria, into the chest, to the heart, even to the shoulder blade.

Accompanying were: Vomiting of food; vomiting of clear, sourish fluid; acidity after eating; weakness and emaciation; diarrhoea or hard stool; chilliness; slow pulse; feeling like digestion in the stomach, with external shuddering; anxiety; palpitation; pain in the back; urine watery and copious; aggravation from taking food, immediately or 1 to 2 hours after, in the evening or at night; momentary appeasement by eating, with morbid hunger, does not last. Warmth of bed relieves.

Dose: *Tinct. phos.* 24-30. Curative action, quick even in sufferings of from 1 to 3 years; in from an hour to 3 to 6 days.

Humboldt† cured hæmatemesis, which did not yield to other medicines.

\* *Allg. H. Z.*, bd. 5, s. 149.      † *Hyg.*, bd. viii., s. 72.

Vomiting of blood with palpitation; feeling of weight and heat in the gastric system, which is distended; an aching, burning pain to the touch, came on after dancing, Holeczek\* cured quickly by *tinct. phos.*

Kreussler gives the same indications for *phos.* as for *carb. v.* and *arg. nit.* Burning pains; cold extremities; cold viscid sweats, when they occur in "nervous constitutions."

Hartmann saw good results from *phos.* in a kind of hardening or narrowness of the cardiac orifice, with twisting constrictive pain in the pit of the stomach, and vomiting of a sourish, clear fluid towards evening, and sometimes at night, with sour belching, when the scarcely swallowed food came again into the mouth. Six to eight doses were sufficient. It cured specifically.

Elb's† cases chronicle gastric and intestinal catarrh, with perforating, round, gastric ulcers; and Rolle's,‡ marked by fulness, acids, heartburn, sour, tinged, and coffee-like vomiting, emaciation, &c., are very instructive proofs of the curative action of *phos.* in organic affections. Compare our characteristics in the following section.

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## HYDRASTIS CANADENSIS IN AFFECTIONS OF THE EAR.§

By W. H. BIGLER, M.D., Philadelphia.

WE may safely say that the majority of aural diseases presenting themselves for treatment are such as depend upon an altered condition of the mucous membrane lining either the cavity of the middle ear, the Eustachian tube, or the pharyngeal and nasal cavities. The integrity of the membrane lining all of these is necessary to the perfect performance of the functions of the ear.

It is natural, therefore, to look for remedies for diseases of the ear among those that have been proved to be capable of producing decided effects in these regions. One of the most important of these is the *hydrastis canadensis*.

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\* *Hyg.*, b. 15, s. 195.

† *Allg. H. Z.*, bd. 51, s. 51.

‡ *Idem*, bd. 46, s. 1.

§ Read before the Homœopathic Medical Society of the State of Pennsylvania.

It seems to have a peculiar affinity for mucous membranes, and of its action upon this tissue, Hale says: "The natural secretion is at first increased, then it becomes abnormal in quantity and quality. At first clear, white, and tenacious, it becomes yellow, very thick, green and even bloody, and nearly always tenacious, so that the discharge may be drawn out in strings as with *kali bich.* This stimulant action may go on to cause erosion and ulceration."

In accordance with this, we find recorded the following symptoms of nose and throat, which will be of use to us in defining its sphere in aural diseases according to their concomitants:

Sharp, raw, excoriating feeling in both nares, with constant inclination to blow the nose, with hoarseness.

Fluent coryza, followed by thick catarrhal discharge. Constant discharge of thick, white mucus, with frontal headache.

Secretion so profuse as to be removed in long tenacious shreds or pieces.

Ozoena, with ulceration, bloody or mixed purulent discharge.

Stuffed up, smarting sensation in posterior nares, with discharge of thin, clear mucus.

Hawking up of tenacious, yellow or white, mucus, with rawness of the fauces.

Sticky mucus in the fauces, with bad taste.

We see now the progressive stages of the affection of the membrane as it creeps along by continuity of tissue from the nose up into the naso-pharynx and pharynx, and are not, therefore, surprised to find the following symptoms of the ear.

Roaring in the ears like cog-wheels or the drumming of an American partridge. This symptom is not referable to debility, but, as its place in the proving shows, to an extension of the disease of the mucous membrane to the mouth of the Eustachian tube. As it progresses still further through the tube into the cavity of the middle ear, we have the true tinnitus aurium. We have in these symptoms a complete picture of a subacute catarrhal inflammation of the middle ear, with its almost invariable antecedents. According to our ex-

perience, it is an exceedingly rare occurrence for this disease to be found except as an extension from the nose or throat or from both.

We have, then, in *hydrastis* a true similar to a class of aural troubles that are of very frequent occurrence, and which, when allowed to go on untreated, are sure to result in impaired hearing and eventually in total deafness.

According to the above picture, and its practical verification, this drug will be indicated when with the symptoms of tinnitus and hardness of hearing, we have an involvement of the naso-pharyngeal space, with the characteristic tenacious secretion. The patient will complain of feeling something in his throat that it is at times impossible for him to detach, either by hawking or by swallowing. An examination of the throat will show a streak of tough, white, tenacious mucus, so closely adherent to the posterior pharyngeal wall that it is difficult to remove it even with the aid of a cotton armed probe. On examining the ear, the drum membrane, while still retaining most of its translucency, shows by the real position of the pyramid of light that it is somewhat depressed. The auscultation tube used in connection with the Eustachian catheter enables us to diagnose a moist catarrh of the tube, corresponding, no doubt, in general characteristics to that found in the pharynx. In such a case, *hydrastis*, from the 3x upward, will be sure to benefit much, if not to cure completely. A gargle of the tincture in water, or an application of the same by the physician will be found to assist the internal use of the remedy. This use of *hydrastis* is no doubt familiar to many if not all of us, but there is another, to which I have never seen reference made, but which has proved so satisfactory in a number of my own cases that I offer its mention as the only justification of the present paper.

From our knowledge of the natural course of disease, we are warranted in supposing that, with the provings of the drug continued far enough, we would find another complex of symptoms resulting, even more difficult to relieve.

We would find, subjectively, the deafness increased, the tinnitus more constant and distressing, while objectively, the pharynx wall would present a tense, dry,

glazed appearance, the drum membrane would be opaque and tightly pushed inward over the ossicles of the tympanum, the prominent points of which would have become strikingly apparent. The cone of light would have changed its shape and position, and perhaps would have disappeared.

The patient would complain of hawking up at times, with much effort, bits of greenish mucus, as tough as gristle. The auscultation tube would no longer bring to our ear moist râles, but a fine dry whistle, indicating a dry sclerosed condition of the Eustachian tube, undoubtedly similar to that found in the pharynx.

This condition we find realised in the chronic catarrh of the middle ear, so insidious in its approach, so disastrous in its effects upon the hearing, and so little amenable to the usual treatment. Here, where so many other remedies fail, I have found *hydrastis* more reliable. The manner of its use differs from that recommended for the moist variety first spoken of. To that, *hydrastis* is primarily homœopathic, and the curative dose will be relatively high; to the condition now referred to, it is secondarily homœopathic, and the curative dose must be low.

The preparation and dose that I now use is the so-called *sulphate of hydrastin*, either pure or the 1x, in water, in frequently repeated doses. The tincture of *hydrastis* and *hydrastin* have both failed to give me the satisfaction that I have desired from the use of this preparation in these doses. Under this remedy, the patient gradually finds less difficulty in detaching the tough mucus, which becomes lighter in colour and softer in consistency; the posterior pharyngeal wall loses its dry glazed appearance, and the moist râles again are heard; the drum membrane becomes more movable, and in consequence of these changes, the hearing improves and the tinnitus is less persistent and aggravating.

The amount of improvement that we may hope to obtain will depend upon the length of time that the disease has existed and the consequent changes that have taken place in the tissues.

We will find that there is a decided difference in patients in their susceptibility to this drug, a difference that can only be arrived at by experiment. A dose that in the one will produce a real blenorrhœa nasi will in



another cause only a dryness, and *vice versa*, confirming the fact that meets us on every side, that the terms "high" and "low," when applied to the dose in general, must be regarded as entirely relative.

In very old cases, these have so degenerated that a cure is absolutely impossible and relief scarcely to be expected, but let no case of chronic catarrh of the middle ear be given up until a fair trial has been made of the *salphate of hydrastin*.

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### THERAPEUTICS AT THE AMERICAN INSTITUTE OF HOMŒOPATHY.

WE have hitherto had no opportunity of noticing the proceedings of the American Institute of Homœopathy at the meeting last June. We now propose to note a few of the more interesting of the therapeutic observations contained in the papers on practical medicine, and that arose in the course of the discussions on them.

Dr. LEILA BEDELL, of Chicago, read a paper on idiopathic asthma in children. In the treatment of it, *gelsemium*, *sambucus* and *ipêcacuanha* were the remedies that she had found most useful.

The discussion on diphtheria was very unsatisfactory, and proved that, as one speaker said, "in cases of diphtheritic croup a stage was often reached when they were ready to grasp at anything to save the life of a sufferer." In such cases we are persuaded that the best things to be "grasped at" are a *Repertory* and *Materia Medica*. Empirical measures—inhalations of equal parts of a ten per cent. solution of *lactic acid* in water and *alcohol*; fifteen or twenty grains of *muriate of ammonia* in two ounces of water given every quarter of an hour; inhalations of "quick-lime in hot water;" *sulpho-carbolate of soda*, and so on, are not reliable. Dr. COWPERTHWAIT, of Iowa City, referring to these empirical measures, said, "he never went off at that kind of a tangent but once, and then the child died." He urged the members to stick closely to homœopathically indicated remedies, and so we must all do if we wish to be successful in diphtheria as well as in every other form of disease.

Dr. ALFRED WANSTALL, of Baltimore, read an interesting paper on *Phosphate of Iron in Inflammatory Affections of the Ear*. Of this the following abstract appeared in *The Hahnemannian Monthly*:—

"The author said that *ferrum phos.* was one of Schüssler's remedies. It had been highly recommended in aural affections



by Dr. Houghton, of New York, whose indications for the remedy were good. To illustrate the action of the remedy, Dr. Wanstall related the histories of several cases occurring in his practice.

“Case I. was that of a patient who ran down in health every spring. She contracted a coryza which was epidemic at the time. The inflammatory symptoms involved her throat, which she had had sprayed by an old-school physician. Then the left ear became affected. It felt as if full and the hearing was dull. The Eustachian tube was pervious. Pain appeared in the ear and grew rapidly worse. It was severe and paroxysmal in character. There was a sensation as of a plug in the ear. The membrana tympani was slightly injected, but did not bulge. The meatus auditorius was bright red. The ear was sensitive to touch, particularly on taking hold of the auricle, and when introducing the speculum. The apex of the mastoid process was sensitive to touch. The ear was wrapped in raw cotton and *ferrum phos.* 6x prescribed. Improvement was immediate.

“The points of importance indicating *ferrum phos.* were, absence of exudation, the paroxysmal character of the pains, and the tendency of the vascular engorgement to diffuse itself, and the fact that the general health was below par.

“Case II. The patient was weak, pale and cachectic. She had suffered from earache on the right side for four or five days. For three days the ear had been discharging without relief to the pain. There was also severe pain in the right parietal eminence radiating towards the ear. The membrana tympani was red and perforated. The discharge was muco-purulent in character. The meatus auditorius was red and swollen. The mastoid process was sore to the touch. *Ferrum phos.* 2x was prescribed. The next day the patient was better in every way. This treatment was continued one week, at the end of which all inflammatory symptoms had subsided.

The special features in this case calling for *ferrum phos.* were the anæmic state of the patient, the radiating character of the pain, and its persistence after the discharge had been established and the character of the discharge.

“Case III was that of a man who had suffered for three days from earache with deafness. The meatus auditorius was filled with soft, white, cheesy matter. The canal was exceedingly sensitive. The membrana tympani was swollen, red and without visible perforation. The mastoid process was swollen, boggy and tender to touch. The pain was radiating in character. There was pulsation felt in the ear and a subjective blowing sound heard. The general condition of the patient was good. *Ferrum phos.* 6x was prescribed. The next day

the patient was about the same, except that the mastoid process was more tender. *Ferrum phos.* 2x was then given. By the next day the pain was entirely relieved. The swelling over the mastoid was nearly gone and the patient was discharged.

“ Case IV. was that of a tall, thin, cachectic looking girl. Her anæmia was due to chills and fever. She had never menstruated. Her complexion was earthy. She was weak; had no appetite. Her pulse was small and rapid. For two weeks before coming under observation she had pain in the right ear. The ear had been discharging for one week, but without amelioration to the pain, which was jerking in character and diffused. The membrana tympani was deeply red and perforated. *Belladonna* was prescribed. By the next week there was no relief. The membrana tympani was in the same condition. For two days she had had double vision. There was convergent strabismus of the right eye. The right mastoid process was sensitive to touch. There was pain over the whole right side of the head, most marked in the temporal fossæ. The mastoid was not swollen. Paracentesis of the membrana tympani was followed by hæmorrhage. *Ferrum phos.* 12x was prescribed. The next day the patient felt better. The sensitiveness of the mastoid was about the same, and there was possibly less redness of the membrana tympani. July 15th. The patient is no better. Less discharge can be drawn through the opening in the tympanum. The right side of the face feels as if burnt or scalded. July 16th. Less pain; passed a better night. The mastoid was less sore to touch, the discharge slight, but very offensive. July 17th. Brighter and less oppressed; no pain except over the right eye. Still has burning pain in the face, but only at the angles of the mouth. The teeth feel as if they were falling out. The discharge is very slight and less offensive. Some fulness about the tongue in speaking. The prescription was changed to *kali mur.*, which improved her. Still slight pain from pressure over the right temple continued along with the scalded feeling in the face, and the sensation as if the teeth felt too long, and double vision. July 23rd. Yesterday she was taken with severe pain in the occiput until evening. At night she had severe pain for three hours, with profuse discharge. The patient was much oppressed. She vomited. Her pulse was weak and her temperature 101.8°. The soreness of the head has returned. The membrana tympani is red and the mastoid process is tender. The eye and face as before. Returned to *ferrum phos.* July 24th. She is better in every way. August 21st. The ear is healing. She still has the convergent squint. The teeth still feel loose. There is anæsthesia of the face. Tongue is still numb and thick.

Sleep and appetite are good; general health is much improved. August 24th. The sensibility of the trigeminus is nearly normal. Her general health has improved wonderfully. The right eye still converges, there being little or no power over the external rectus. Faradism was now used. In a short time after this the patient was perfectly cured. This case is of unusual interest on account of its rare clinical features. Most important was the condition of the patient herself, highly anæmic, amenorrhœic, and next the objective symptoms of the ear, the redness of the auditory meatus and the membrana tympani, the muco-purulent discharge and the tendency to hæmorrhage, the subjective sensitiveness to touch. The special point of interest was the diffused nature of the inflammation. There was present undoubtedly an irritative meningitis with exudation as shown by the right cranial soreness and the interrupted functions of the abducens and trigeminus.

"In summing up his indications for *ferrum phos.*, Dr. Wanstall said that he was perfectly aware that they were purely clinical. It was indicated in the early stages of inflammation, or later when there was pulsation in the ears or when fever comes. The pulse was quick, but it should be compressible rather than hard and full as in active inflammation. It was indicated in inflammatory ear troubles occurring in an already vitiated constitution. These cases very readily run into suppuration. There was but little tendency to spontaneous cure. They always present, as their chief clinical feature, constitutional disturbance out of all proportion to the local trouble. The indications might be tabulated as follows:—

"1. Marked tendency of the inflammatory process to be diffused.

"2. Dark, puffy redness of the parts.

"3. Muco-purulent discharge and tendency to hæmorrhage.

"4. The appearance of the discharge is not followed by relief of pain.

"5. Paroxysmal and radiating character of the pain."

In an interesting discussion on the treatment of fibroid tumours of the uterus, Dr. PHILLIPS, of Boston, spoke of the advantage he had seen from the *iodide of lime*. He dissolved ten grains in a tumblerful of water, and gave a tablespoonful three times a day. Dr. PAYNE thought that the medicinal virtue of the *iodide of lime* was in the iodine it contained. Dr. McCLELLAND, of Pittsburgh, confirmed Dr. Phillips' experience with the *iodide of lime*. *Trillium* also he had found useful when much hæmorrhage existed. Dr. WM. OWEN relied chiefly on hypodermic injections of from ten to twenty drops of the fluid extract of the *ergot of Rye* at varying intervals

of from a week to a month. Dr. J. C. MORGAN said that if we could guide patients with fibroid tumours safely through the climacteric period, the tumours would probably disappear. Dr. CARMICHAEL, of Springfield, Massachusetts, supported the generally expressed opinion of the value of the *iodide of lime*. Dr. LUDLAM, of Chicago, thought that our chief endeavour should be to guide our patients through the climacteric period. He also advocated the application of glycerine tampons to the cervix.

In the course of a discussion on hernia, of which questions relating to diagnosis, taxis and methods of operating formed the chief features, Dr. HAYWOOD, of Taunton, Mass., related a case of strangulated hernia in an old man aged 80, to whom he was called. The patient had pericarditis and could not be placed on his back, and could not take an anæsthetic; he had already had stercoracious vomiting. His face and extremities were cold, his countenance was pinched; it was apparently evident that he could live but a few hours. Dr. Haywood therefore gave him the choice of the risk from operation, risk of an anæsthetic, or of death. He chose the latter. His symptoms seemed to indicate *nux*. He was unable to retain anything, either liquid or solid; he had that constant feeling of distress in the stomach which is indicative of *nux*, and a feeling as of a stone in his stomach, not in the bowels. In the course of a few hours after taking the *nux* the nausea ceased, and in the course of twenty-four hours the hernia reduced itself. The patient during this time was unable to assume any position except the erect.

In the section of Clinical Medicine, Dr. DOWLING, of New York, read a paper on *Climatology in its relations to Phthisis*, of which the following is an abstract:—

“The effect of change of climate on the course of phthisis was acknowledged everywhere. In some cases it might even prove curative. The air best suited to phthisical patients was that which was free from dust and moisture, and subject to but slight variations in temperature. All cases were not benefited by the same climate. The author expressed himself as not believing in the theory that all cases of phthisis were tubercular. Pulmonary phthisis, he understood to be an advancing destruction of the respiratory organs with wasting of the entire body. From an extensive experience, he was convinced that there were cases of phthisis which were fatal from the beginning, without regard to treatment of any kind. These were tubercular from the first. There were other cases not at all tubercular. These were often amenable to treatment.

“He discouraged all attempts to benefit cases of the former class at any time, and those of the latter in advanced stages,

by sending them away from their homes. It frequently happened that patients were sent away from comfortable homes only to be made uncomfortable by the change, or to be returned home in haste to die. The author mentioned four such cases, three of which reached home just in time to die; the other died away from home. In all of these cases death was hastened by the trip. Yet friends take consolation in these cases that everything had been done for the loved ones that had gone. The only advantage that could be gained by sending incurable patients away from home was that given in the increased comfort. But unless they were accompanied by good friends, and unless they were free from the ordinary surroundings of these health resorts, seeing other consumptives and talking with them to-day and hearing of their death to-morrow, and other influences likely to depress them, they had better remain at home. No general law existed for the guidance of the physician in any given case. The speaker asked the questions, What was the curative atmospheric influence in the climatic treatment of phthisis? And why did some cases improve in some localities, others in others?

“In some forms of phthisis the tubercular element was lacking. By far the greater number of fatal cases, sooner or later, become tubercular. The author then briefly discussed the etiology of tubercle. He believed tubercle to be a specific infectious disease. It stood to reason that if this opinion concerning tubercle were true, that a person remaining in an atmosphere free from contagion could not become tubercular. In answer to the first question, he said that the curative atmospheric influences were purity, freedom from dust and from sudden changes. By purity he meant freedom from disease germs. He had learned from experience that there were certain localities where malarial germs did not exist. So it was that there were places where the tubercle bacillus could not find an abiding place. These might be at high altitudes, on sandy plains, or on or below the level of the sea, or on the seashore itself. Thus it was that in certain sections the progress of the disease came to a standstill. Dr. Dowling then related a case of hereditary phthisis in a Swiss. The patient went to Panama, but received no benefit. He then went to live in the Andes of South America, 9,000 feet above the level of the sea. After six months' residence there he had lost his fever and night-sweats, and had gained an excellent appetite. He then returned to Panama, when his symptoms reappeared. This compelled him to again resort to the Andes, with the same beneficial result as before. Seven times did he leave his haven, and seven times was he obliged to return because of his disease reasserting itself; but

on returning to Europe the malady appeared worse than ever, and carried him off.

“In selecting a resort for a consumptive, an old rule, which was also true to day, was to send those living inward to the sea, and those on the coast to the mountains. Pure air was the most important consideration, but it must be combined with good company, freedom from care and good food. He must spend a large amount of time out of doors. We ought not to send these patients to the health resorts for consumptives. The aggregation of a large number of these patients had a depressing influence, and, moreover, rendered the atmosphere of the hotels impure. Bacilli were present in the air in large quantities and might inoculate those who were not already tuberculous. Night air was bad for phthisical patients, but it was not so injurious as a close room with air that has been vitiated by breathing.

“If improvement was established by residence in any locality, the patient should stay there as long as he possibly could.

“Among the favoured spots in the United States for consumptives were Colorado, Minnesota, California, and the Adirondacks in summer, and Georgia, South Carolina, and Florida in winter.”

During the discussion that followed, Dr. JONES, of San Antonio, Texas, said that many of the present citizens of San Antonio had originally settled there on account of chronic affections of the respiratory organs. Among cases of phthisis pulmonalis those of a fibroid and hæmorrhagic character did best. He further said that it was a common thing for expectoration to be increased and weight to be decreased before improvement set in. Any prospect of recovery would generally be ascertained after a three or four months residence. He also thought that Minnesota would provide the most suitable climate during the summer and Texas in the winter. Dr. DAKE, of Nashville, related a case of hæmorrhagic phthisis permanently cured by a residence at Cresson on the Allegheny Mountains, 8,000 feet above the sea level. He also spoke favourably of the climate of San Antonio and Colorado, adding that he had known cases recover there that he felt sure would have died had they remained at home. Dr. STOUT, of Jacksonville, Florida, spoke hesitatingly of the advantages to be derived from sending phthisical patients there. Dr. CRANK, of Cincinnati, deprecated sending patients to California, believing that more were aggravated than benefited by that climate.

Dr. KINNE, of Paterson, N. J., said that it had been his fortune or misfortune to spend five winters away from practice,



two in Nassau, N. H., two in Florida, and one in Western Texas. He had in this time taken regular records of the temperature and moisture of the places at which he stayed. He confessed that statistics were very misleading. For example, it was of no value to state the average temperature and humidity. He had seen the temperature vary  $85^{\circ}$  in twenty-four hours, and yet the average of the place was a good one. By long personal observation, and by conversation with those qualified to speak on the subject, he had come to the conclusion that there was one place above all others for a patient in the second stage of phthisis, and that place was home. No patient should be sent away from home who had not sufficient strength to take care of himself. If he needed a nurse let him stay at home where he could get all the comfort that loving friends could give him. While in Nassau, Dr. Kinne failed to find a single patient with rheumatic diathesis or with tuberculosis who was relieved a particle. He had been sent to Nassau by Dr. Dunham, who gave him the same warning. In cases where there was bronchial irritation, and above all, where there was exhaustion from overtaking of the nervous system, Nassau was the best place, because there you would not do anything if you could, and you could not if you would. You were in that little town far removed from everybody. Speaking of Florida, Dr. Kinne said that he found differences in climate, soil and vegetation in different parts of that state. There was a plateau running through Sumter and Marion, having a dry, calcareous soil and covered by chestnut trees, &c., where fogs, such as were noted on the St. John's River, were not found. In the latter place he had often gone out with his summer clothes on in the morning, and required his heavy winter overcoat by night. The places that were best suited for consumptives were those situated on what had been termed the backbone of Florida, in Marion and Sumter counties, and running into Hernandino. There the climate varied least. Variations were less as we got to a higher and higher altitude, therefore the speaker claimed that these localities were better suited to phthisical invalids. Dr. DOWLING said he could point to cases where improvement had been just as remarkable in New York City as in those in Texas, Colorado and elsewhere, which had been cited by the gentlemen preceding him. Hygienic measures and medicines, particularly *phosphorus* and *aconite*, the latter had not been mentioned in the treatment of that disease that day, were indispensable.

## HOSPITAL PROGRESS.

AN informal but important meeting of members of the board of management, medical council, and medical staff of the hospital was recently held in the new " Bayes " ward of the institution on the invitation of Major Vaughan Morgan. The gallant Major's object was to secure, for the information and guidance of the board, an expression of opinion on several points relating to the development and progress of the institution. The present is the most active period of its growth in every direction that has been witnessed. The great increase of patients in recent years, the rapid extension of the Nursing Institute, the additions to the building, and the generous readiness with which the supporters of the institution provide the necessary funds for every useful purpose, indicate that its future course must be in the direction of increased work and increased usefulness.

The hospital in several respects occupies a unique position. It is a charitable institution, and as such does a valuable, beneficent, and widely-spread work year by year among the sick poor, not only of London, but of many other parts of the kingdom. It is, however, both in design and purpose, more than this. It is a standing evidence of the reality and practical advantage of homœopathy, and it ought to be a storehouse of therapeutic information, and the resort of students and practitioners requiring instruction respecting homœopathy, our methods of studying the *Materia Medica* and of practising medicine. Its value in this direction has, as we all know, been lost sight of to a very great extent. In order to render the kind of work better understood and more generally known, the question was discussed whether it would not be desirable to publish in the more public and generally read journals the totals of the medical reports of the cases admitted and the results obtained; and periodically in the homœopathic medical journals the details of specially instructive cases. The wisdom of publishing the names of diseases in journals of general circulation was doubted by some, but the majority saw no medico-ethical objection to it. The meeting was unanimous in the opinion that the regular reporting, in the medical journals, of interesting cases, was both a desirable and a necessary work. This we have repeatedly but ineffectually urged in this *Review* for the last twenty years, and now that those responsible for the management of the hospital see how necessary it is in the interests of their charge that the work done at it should be made practically useful to the entire profession, we hope that some means may be found of supplying us with a series of well reported and therapeutically instructive cases.



With regard to the question of inserting the names of diseases in the announcements of results intended for the general public, it was pointed out by one member of the staff that to do so was neither desirable nor necessary, the actual totals of the patients "cured," "much improved," "improved," speaking sufficiently for themselves; and by another that an effective appeal to the public could be made without such naming of diseases, that it was quite enough to say that many of the cases were serious, and the whole were of the nature of the general run of hospital cases. On the other hand, it was explained that the object of such proposed announcement was to popularise a knowledge of the reality of homœopathy, and to bring its successful practice at the hospitals directly under the notice of the public, from whom alone the means of supporting it could be expected, and who must in the future, as in the past, be the motive power and the leverage in effecting the progress and diffusion of homœopathy. This view is forcibly illustrated by an incident which took place some years ago. A well-known medical man, speaking at the annual meeting of the hospital of which he was, and is, the consulting physician, declared, with much pride, that the death rate of the institution was lower than that of any other metropolitan hospital, except the London Homœopathic Hospital, but, he added significantly, "it is known that at the Homœopathic Hospital they do not, as a rule, receive serious cases." A statement like that could not, of course, be allowed to pass unnoticed, and a member of the medical staff of our hospital wrote to the journal in which the statement appeared giving an analysis of the cases admitted during the previous ten years, showing that quite a formidable array of the most serious and usually fatal diseases had been treated in it with very excellent results. So long as such an error is possible (and we know that it still exists) any means of correcting it, to which there is not a very serious objection, must be adopted without hesitation.

The necessity of founding a home to receive convalescents and aid them towards more rapid and complete recovery, while in so doing extending the benefits of the hospital, by making room in the wards for fresh cases, was also fully considered. There is not much to be said about a subject on which all are as agreed, as were those at this meeting regarding the desirability of realising this long hoped for addition to the hospital. The Board are, however, dubious as to the wisdom of making further appeals to a constituency which has already proved itself so liberal and ready, while it has not the smallest doubt as to the inadvisability of opening a home and incurring a heavy annual expense without seeing the way

clear to meeting it by a special and regular income. There are, however, several ladies ready to help in this important extension of the work, one as was well pointed out of a really economical character, and we have much satisfaction in stating that an always generous friend to the hospital has promised £100 towards the expenses of the first year. Of course the expenses of maintaining a convalescent home are constant, for once commenced it must be kept up, and it remains to be seen whether the Board will be able to meet an annual expenditure of such a kind.

A more important scheme came under the notice of the meeting, being nothing less than a suggestion for establishing out-patient branches in the poor and crowded districts of the metropolis, somewhat on the lines shadowed forth in a paper read by Dr. Hayward, of Liverpool, at the Leicester Congress in 1878. Such a scheme would have the effect of spreading a knowledge of the immense advantages of homœopathy very widely among all classes of the population. The medical gentlemen present took a practical view of the matter and were fairly unanimous in their opinion that such a movement would be regarded by the local homœopathic practitioners as an interference with their private interests. Many have dispensaries of their own and would unquestionably object, and rightly so, to the competition with them, at their own doors, of an active and powerful organisation like that of the Homœopathic Hospital. Nevertheless we are inclined to think that such fears are probably groundless, and we are by no means clear that the scheme has been fairly understood. In the first place no operations of the kind would be undertaken at their doors, nor is it probable that the class of patients would be such as visit their dispensaries at present, neither would those patients be exempted from the payment of a salutory impost. In the next place such dispensaries would require medical officers, and the local medical men who might care to apply would presumably have a preferential chance of appointment. Then it has not been suggested that the local out-patient departments should supply machinery for bringing pecuniary grist to the hospital mill, but that the patient's registration fees, after payment of proper and necessary deductions, should be divided among the medical officers.

The fact is that there are large and densely populated parts of London where a new homœopathic dispensary would be a great public boon. Still opinion seemed to be that the scheme would not work, though why it should not remains to be shown. In Liverpool the success of the homœopathic dispensary system is conspicuous. At the several dispensaries in that city there were 78,881 attendances of patients in

1885, as against 14,151 attendances in the out-patient department in Great Ormond Street. The population of Liverpool is nearly 600,000, that of London is nearly 5,000,000, both are well supplied with medical agencies of the allopathic order. It appears to us that if the co-operation of homœopathic practitioners in districts where it is proposed to open a dispensary can be obtained, a scheme of the kind is feasible, would be beneficial to the poor, an excellent method of feeding the hospital with interesting cases, and, indirectly, of no small advantage to homœopathic practitioners generally.

The ever recurring question of securing a surgeon for the hospital was also fully discussed. For several years the hospital has been without a regularly appointed operating surgeon on its staff. It is true that the members of the staff have operated successfully in many cases, and that no surgical patients have been refused admission; while in the gynæcological department very serious operations have recently been most successfully performed by Dr. Carfrae, and in the ophthalmic section by Dr. Moir. Still, the feeling has never been absent from the management, that the hospital ought to be more fully prepared to receive all patients, whether medical or surgical. In fact a choice hardly exists. Patients requiring surgical treatment do come; accidents occur near the hospital doors. The duty of being well prepared for such cases cannot be evaded long by any hospital; and homœopathy proves its great value in the after treatment of patients submitted to the surgeon's operations as much, probably, as it does in acute diseases. But among the professional men at the meeting a distinct difference of opinion made itself apparent. One maintained that the hospital should not lay itself out for capital operations; while another pointed out that frequently cases came which were apparently medical, but afterwards displayed morbid conditions necessitating surgical skill. It was added that the training of the nurses, now a most important feature of the hospital work, could hardly be complete without that experience which the care of a surgeon's cases affords. The meeting was also reminded that subscribers frequently sent in surgical cases, and that to refuse them on the basis of such a distinction as that the hospital could not undertake the care of them because they were surgical, would be to offer to the generous supporters of the hospital a reason which, in their efforts to do good, they would hardly be likely to appreciate and approve. A case might be and had been sent in by a staunch homœopath and liberal supporter as to which it was doubtful whether it could or could not be treated medically. Could it be refused because it might turn out to require surgery? Could it be dismissed when that necessity became

plain? Moreover there could be no doubt of the desirability of being able to secure in many doubtful cases a special surgical opinion. The general feeling, therefore, seemed to be that if it were practicable for the hospital to secure a first-class operating surgeon it could not be otherwise than beneficial to do so, as completing the efficiency of the hospital, both for the treatment of the poor and the training of nurses. On the whole there would appear to be many points showing that a regular operating surgeon would be a valuable addition to the staff, and none to show that such an officer could in any way be superfluous or a disadvantage.

## REVIEWS.

*Diseases of the Skin from the Organismic Standpoint.* By J. COMPTON BURNETT, M.D. London: Homœopathic Publishing Company, 12, Warwick Lane, E.C. 1886. Pp. 100.

THIS little book has for its object the clinical illustration of the fact, better known than regarded, that eruptions on the skin are, as a rule, but the expression of a morbid condition involving the entire organism. In the preface Dr. Burnett, in terse and forcible language, gives his views of the general pathology of so-called skin disease. Here he writes:—

“ I do not maintain that there is no such thing as a skin disease of a purely local nature, such as common phtheiriasis and other parasitic dirt-diseases that impinge upon the skin, but speaking generally, I do maintain the following points:—

“ 1. That the skin is a very important ORGAN of the body.

“ 2. That it stands in intimate, though ill-understood, relationship to *all* the internal organs and parts.

“ 3. That its healthiness is conditioned by the general unhealthiness of the organism, *i.e.*, a healthy skin on an unhealthy body is inconceivable.

“ 4. That, speaking generally, its unhealthinesses — its diseases—come from within, sometimes even when they initially impinge upon it from without.

“ 5. That being *biologically within* the organism; being fed from *within*; having its *health from within*; and having its *diseases from within*, it must also be treated medicinally *from within*.

“ 6. That skin diseases are most commonly not merely organic, but at the same time organismic or constitutional.

“ 7. That the skin being an excretory organ, and being spread out all over the organism, is often made use of by nature to keep the internal organs free from disease.

“ 8. That as each portion of the skin corresponds vitally with some internal organ or part, so the skin disease is often merely the outward expression of internal disease.

“9. That, in fine, the generally received external treatment of diseases of the skin, whether with lotions or ointments, or whatsoever else, is demonstrably shallow in conception, wrong in theory, harmful in practice, and therefore inadvisable.

“These points,” Dr. Burnett adds, he “might call upon the dermatologists to refute” did he not “hold them to be absolutely irrefutable.” Elsewhere he asserts that “the treatment of skin diseases as merely local affairs concerning the skin only, as is now current with *nearly* all medical men of all schools all the world over, is, in my opinion, nothing less than a crime against humanity, and eminently characteristic of the cultured shallowness of the medical profession of to-day.”

That there is much, very much, truth in these postulates, few will be inclined to doubt. On the other hand, we are equally certain that the application of the homœopathic specific to an eruption—say of eczema—is not merely curative of it, but of the general pathological state of which the eruption is one feature. It may be “a crime against humanity” so to apply a homœopathic remedy, but it has repeatedly been a successful “crime,” and one unattended with any subsequent ill to the patient. That to rely exclusively upon astringent ointments and lotions of the zinc type is “shallow in conception, wrong in theory, harmful in practice, and therefore inadvisable,” we readily admit, but this is a very different practice from that of introducing into the body, through the skin, a medicine homœopathic to the totality of the patient’s symptoms.

A considerable proportion of the remainder of this little book is occupied with the details of cases illustrating the point the author desires to enforce, viz., that artificially-suppressed eruptions of various kinds are followed by diseases of more important organs, diseases calculated to prove fatal unless the original eruption reappears. Some, indeed many, of these cases strikingly illustrate the teaching of the preface.

Towards the conclusion of his book, Dr. Burnett states what he regards as a well-established empirical fact, viz., that the tincture of the *bellis perennis*, or common daisy, is curative of complaints due to drinking cold water at a time when the body is heated; and he recites an interesting case of periodical dermatitis in an unmarried lady, thirty years of age, traceable to the application of cold water when overheated in a hay field eighteen years previously, perfectly and permanently cured after using this medicine for a month.

That Dr. Burnett’s contribution to the therapeutics of skin disease is interesting no one who reads it will doubt. That it would have been pleasanter reading had it been more

temperate in tone, had it given some evidence that the author appreciated the axiom *experientia fallax*, and that it is just possible that, in one or two instances, he may, from too hasty a review of his premisses, have arrived at an unsound conclusion, is also in our opinion not likely to be doubted.

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*Luck, or Cunning, as the Main Means of Organic Modification? an Attempt to throw Additional Light upon the late Mr. Charles Darwin's Theory of Natural Selection.* By SAMUEL BUTLER, author of *Life and Habit*; *Evolution, Old and New*; *Unconscious Memory*, &c. London: Trübner, 1887.

THIS is the fourth of a series of works in which Mr. Butler endeavours to show that Charles Darwin, in his famous theory of natural selection, erroneously attributed the origin of different species of organised beings, chiefly if not wholly, to the accidental occurrence in some of them of "sports" or variations of structure which gave them some advantage over their neighbours, and which variations are transmitted to their offspring and thus varieties and species are produced and perpetuated. Mr. Butler argues in favour of the older doctrine of Lamarck and Erasmus Darwin (Charles Darwin's grandfather) which says that the effort of the animal or vegetable to adapt itself to surrounding circumstances is the main cause of the production of different species, and that the advantage conferred by sports or accidental varieties is a minor factor.

As most of the leading scientists warmly espoused the "accidental" theory of C. Darwin, Mr. Butler's attempt to discredit this theory and to rehabilitate the views of the older evolutionists met with general opposition from the professional scientists. At first they treated him with contemptuous silence, but as Mr. Butler returned again and again to the attack, and supported his views by cogent reasoning and facts drawn from the works of the scientists themselves—moreover, as his arguments began to create an impression on the reading public—the scientists tried to discredit him by alleging that he was not "a man of science," and, therefore, was incompetent to form an opinion on scientific subjects which should be of any value whatever—at least if it differed from the opinion of real "men of science."

Mr. Butler freely admits that he is not a man of science, that he has not made any original experiments, but has taken all his facts at second hand. But, as he justly says, this has nothing to do with the question. He takes the facts as they are given by the men of science, and as these are sufficiently numerous for the purpose, he does not see what call he has to collect fresh facts or make new observations for himself. "The argument against me of not having made experiments,"



he says, "is about as reasonable as complaint against an architect on the score of his not having quarried with his own hands a single one of the stones which he has used in building."

Men of science appeal to men of intelligence by arguments founded on the facts ascertained by men of science. In doing so they admit that men of intelligence are capable of judging whether their arguments and theories are legitimate deductions from the facts. If a man of intelligence shows that these theories are not borne out by the facts adduced in their support, the man of science is not justified in invalidating the judgment of the man of intelligence on the ground that the latter has not made any original experiments or contributed any new facts.

Mr. Butler's earlier works on this subject seem to have puzzled and bewildered the professional scientists. They did not at first accept him as a serious antagonist, for his style and language were not those usual in scientific works. Yet, while sneering at him as a mere *littérateur*, they evidently felt that there was more in his arguments than they were willing to acknowledge; and as each successive work showed more distinctly and conclusively the fallacy of Charles Darwin's doctrine of natural selection, and of the origin of species from accidental variations, and the more philosophical and rational character of the doctrine of the old evolutionists Lamarck and Erasmus Darwin, the views of the recent writers gradually underwent a change, and it may be said that now all, or almost all, are agreed that Charles Darwin's theory of the origin of species by fortuitous variations in individuals is abandoned, or at least given up as the chief factor, and that "design and effort have been the main purveyors of the variations whose accumulation results in specific difference."

Mr. Butler shows by quotations from Herbert Spencer, Romanes, Grant Allen, Ray Lankester, Hering, Semper and Charles Darwin himself, that the "fortuitous" theory has receded into the back-ground, and that the older Lamarckian theory of design and effort in the production of specific difference is everywhere coming once more to the front. Much of this change is undoubtedly due to Mr. Butler's masterly and logical works, though his views, like our homœopathic remedies, are adopted without any acknowledgment on the part of those who have appropriated them.

All who are interested in the doctrine of evolution, natural selection, the origin of species, and the survival of the fittest should read Mr. Butler's works. As mere specimens of witty and incisive literature they are admirable, but they have besides the recommendation of exploding much specious error

that has long been current amongst us, and of rendering justice to the doctrines of men who have hitherto been scorned as visionaries, but whom Mr. Butler shows to have been profound and accurate observers and reasoners.

We wish we could convey to our readers some notion of the fascinating style in which Mr. Butler presents his arguments. As a specimen of magnificent writing, and as conveying some idea of the unlikeness of Mr. Butler's way of handling a subject to that we commonly see in ordinary scientific works, we may give this specimen:—

“There is no greater mystery in life than death. We talk as though the riddle of life only need engage us. This is not so. Death is just as great a miracle as life. The one is two and two making five; the other is five splitting into two and two. Solve either, and we have solved the other. They should be studied not apart, for they are never parted, but together, and they will tell more tales of one another than either will tell about itself. If there is one thing which advancing knowledge makes clearer than another it is that death is swallowed up in life and life in death; so that if the last enemy that shall be subdued is death, then indeed is our salvation nearer than what we thought, for in strictness there is neither life or death, nor thought, nor thing, except as figures of speech, and as the approximations which strike us for the time as most convenient. There is neither perfect life nor perfect death, but a being ever with the Lord only in the eternal *φώρα*, or going to-and-fro and heat and fray of the universe. When we were young we thought the one certain thing was that we should one day come to die; now we know the one certain thing to be that we shall never wholly do so. ‘*Non omnis moriar*,’ says Horace, and ‘I die daily,’ says St. Paul, as though a life beyond the grave and a death on this side of it were each some strange thing which happened to them of all men, but who dies absolutely once for all, and for ever at the hour that is commonly called that of death, and who does not die daily and hourly? Does any man in continuing to live from day to day, or moment to moment, do more than continue in a changed body, with changed feelings, ideas and aims, so that he lives from moment to moment only in virtue of a simultaneous dying from moment to moment also? Does any man in dying do more than, on a larger and more complete scale, what he has been doing on a small one, as the most essential factor of his life, from the day that he became ‘he’ at all? When the note of life is struck the harmonies of death are sounded, and so, again, to strike death is to arouse the infinite harmonies of life that rise forth with as incense curling upwards from a censer. If in the



midst of life we are in death, so also in the midst of death we are in life; and whether we live or whether we die, whether we like it and know anything about it or no, still we do it to the Lord—living always, dying always, and in the Lord always, the unjust and the just alike, for God is no respecter of persons.”

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*The Prescriber: A Dictionary of the New Therapeutics.* By JOHN H. CLARKE, M.D., Edin., &c. Second Edition. London: Keene & Ashwell, 74, New Bond Street, W.

BARELY twelve months have elapsed since we were called upon to notice the appearance of this useful little book. That the first edition should have been exhausted in so short a time is evidence sufficient to show that such a work of reference was required, and also that Dr. Clarke has succeeded in meeting it.

The present edition has been somewhat enlarged and carefully revised throughout. It is not only a useful source of therapeutic hints but may be made, as Dr. Clarke suggests that it should be, a note book in which to record therapeutic facts of value brought under observation, either in personal experience or in reading. For this purpose its alphabetical arrangement and ample margins render it especially suitable. It would, however, be still more serviceable in this way if the publisher were to issue an interleaved edition. In a few years' time a carefully noted copy would become invaluable to a practitioner.

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*L'Union Homœopathique Bulletin; Médical Trimestriel Publié.* Par le Dr. BONIFACE SCHMITZ. Anvers: 19, Canal des Récollets. October, 1886.

WE heartily welcome this addition to the periodical medical press, and trust that our colleague Dr. Schmitz may receive such an adequate amount of support from his Belgian *confrères* as shall encourage him to persevere in the enterprise shadowed forth in this the first number of his journal.

The circumstances which led to the removal of the *venue* of the International Convention from Brussels to Bâle revealed, what had for long been apparent to several Belgian physicians, that the professional forces, upon the activity and zeal of which the progress of homœopathy in Belgium depended, were too much divided into groups to admit of their acting effectively in the great work they had to undertake. It was, we have little doubt, owing to these divisions that one party found itself incompetent for the task it had assumed. A position which had, as we have said, long been apparent to some, now became obvious to all, through their country having been deprived of the honour of receiving a large and representative meeting of homœopathic physicians from all parts of the world in consequence of it.

The remedy for this state of things was equally clear, and the need of its being remedied having been thus enforced, Dr. Schmitz has very wisely selected this time to make an effort to unite the homœopathic physicians of Belgium in one society or "*Fédération*." It is largely to promote such union and to establish such a society that *L'Union Homœopathique* has been commenced.

In this number Dr. Schmitz sets forth the therapeutic scientific principles he desires to maintain. He will urge the primary importance of the choice of the remedy by the light of the principle *similia similibus curentur*. He will insist, not merely on the right, but the duty of every practitioner employing medicines in every dose from the pure tincture to the highest dilution—not indifferently, indeed, but according to the requirements of each case. And lastly the administration of the remedy both internally and externally. Without professing to accept as true everything that Hahnemann taught, Dr. Schmitz considers that all the great practical lines traced out by him have been confirmed by experience, and to these *L'Union Homœopathique* will be faithful.

"Revolutions," he writes, "such as that created by Hahnemann, do not often recur. Grand bounds forward in human progress are ordinarily followed by periods of slower marching, which are invaluable for perfecting the discoveries already made. We are," he continues, "in one of these periods now. To a yet deeper research into and a still further elucidation of the practical work of the great medical reformer, *L'Union Homœopathique* will be devoted."

A proposal is made in another article for the founding of *Une Fédération Médicale Homœopathique Belge*, which is to be a society formed on the lines of the American Institute of Homœopathy and our British Homœopathic Congress.

We do most cordially trust that complete success may crown the efforts of our accomplished and energetic Belgian *confrère* in this most important undertaking. With union amongst homœopathic physicians in Belgium a thoroughly useful work may be performed there, without it nothing will be done.

A very interesting report of the proceedings of the International Convention at Bâle completes the number.

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*Homœopathic League Tracts*, Nos. 5—9. London: J. Bale & Sons, Great Titchfield Street. 1886.

THE first four of this excellent series of tracts, relating to homœopathy, which we noticed a few months ago explained Hahnemann's method of drug selection. In those now before us we are presented with some of the evidence upon which those who deny the truth of homœopathy are asked to test it;

the manner in which it has been received by the bulk of the medical profession is described; a record of the opinions expressed regarding Hahnemann by some who opposed his therapeutic views is given; the influence which the practice of homœopathy has had upon empirical medicine, and a collection of the expressions of some of the most experienced of modern physicians as to the uselessness, if nothing worse, of medicine as generally practised, are also set forth.

The facts related in No. 5—and they are facts—entitled *Statistics of Homœopathy*, ought to excite some interest in the minds of medical men. They know full well that, with the resources of traditional medicine alone, they cannot obtain successes of this kind; but instead of enquiring into the validity of the facts, or of putting them to the test of clinical experiment, they deny their accuracy, a denial which has no more logical reason for it than that they, working with totally different weapons, have never witnessed such results! Because in the metropolitan hospitals 51 per cent. of the cases of cholera died, cases treated with large doses of almost every conceivable drug, therefore, the statement that, in the London Homœopathic Hospital, where specifically acting remedies alone were prescribed, only 16 per cent. died, is false!

No. 6, *The Persecutions of Homœopathy*, opens with a brief but powerfully written apology for referring to the more coarse and brutal methods of harrassing homœopathic practitioners and endeavouring to stay the progress of homœopathy pursued twenty or thirty years ago. The writer, however, shows that the spirit to persecute still exists, albeit the teeth of the persecutors have been drawn to a very large extent—and we must be prepared to prevent the renewal of such teeth. Moreover, we ought not to forget the “fight of afflictions” through which we have attained the power to practise homœopathy peaceably, and the sick public have been able to avail themselves of the advantages homœopathy affords them; neither should we cease to honour the memories of those who have contended for the faith we hold to be of so much importance and to remember the worries they endured.

In reference to the Brighton Resolutions, there is one error, of no great importance indeed, but as it is an error, and we have frequently noticed it in print, we may as well take this opportunity of correcting it. Dr. Horner was not the President of the Brighton meeting except for a few minutes at its opening, when he took the chair as *retiring* President—he having presided over the previous meeting at Hull. The President of the Association meeting in 1851 was the late Dr. Jenks. Dr. Horner was there elected a Perpetual Vice-President—his perpetuity being concluded at a meeting held a few years later

at Nottingham, after that he having studied homœopathy and found that it was true, had declared it to be so. Dr. Horner was also one of the committee who drew up the notorious resolutions in which homœopathy (a subject on which each member of the committee, and in all probability every supporter of these ignorantly framed resolutions, was entirely ignorant) was unanimously declared to be "opposed to science and common sense!"

No. 7 gives us some of the *Testimony of Opponents in Favour of Homœopathy and its Founder*, which ought to put a stop to the ignorant and slanderous manner in which a certain class of medical men are accustomed to write and speak of Hahnemann, a man, compared with whom, such persons are intellectually mere pigmies.

No. 8 shows the *Influence of Homœopathy on Ordinary Practice*. This is a very instructive and interesting tract. The negative and positive effects of homœopathy are summed up in the following passage:—

"That the vast changes which have taken place in old school treatment are mainly caused by Hahnemann's teaching, is conclusively proved by the negative and positive changes it has undergone. 1. *Negative*.—Before Hahnemann, the practice of medicine had remained almost exactly what it was for centuries previously. The same weary and irrational round of bleeding, blistering, purging, vomiting, sweating, mercurial salivation was practised through all the ages. Theories and systems succeeded one another, but the practice of medicine remained still the same. The undeniably better results of homœopathy forced the old school to abandon their traditional methods, and now most of them have passed into the limbo of oblivion. 2. The *positive* changes that have been effected in general medicine are, to a great extent, in the direction of homœopathy; prescriptions have been simplified, doses have been reduced, and the very remedies of homœopathy have been largely adopted by the best and most popular writers on therapeutics. The sick and suffering have derived some benefit from this change of treatment, but they will gain infinitely greater advantage when the mass of the profession have accepted the only true rule of treatment which we owe to the genius and the labours of Hahnemann, but which their teachers who borrow so largely from homœopathy carefully abstain from mentioning, or only allude to in contemptuous terms."

No. 9 is entitled *Allopathy Judged by its Professors*. Here we have a number of opinions regarding the state of therapeutics from the time when Hahnemann fulminated his charges against the ordinary practice of medicine until quite recently.

It is one long confession of ignorance of how drugs may be advantageously used, emanating from the very men who are, by the sick public, supposed to know most about how they may be so used. And yet these very men go on day after day writing the same useless prescriptions—prescriptions which their own recorded statements admit are useless! How different was the course pursued by Hahnemann! When he had assured himself that the only way known to him of treating disease was either injurious or useless, he gave up prescribing for the sick altogether until he could discover some method of using drugs which would certainly be profitable to them.

We heartily wish that these admirable tracts may have a very wide circulation.

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*The Physician's Diary and Case Book for 1887.* Keene & Ashwell, 74, New Bond Street.

We again, with the New Year, bring under the notice of our readers this most useful book. The first half of it is for daily short notes and memoranda, and the latter half for fuller reports. We have for some years found it invaluable, and we are sure all who use it will agree with us in our appreciation of it.

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## NOTABILIA.

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### THE MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

THE aspirations of The British Medical Association have been attained unto! The Medical Council will henceforth possess, in addition to the twenty-four members appointed by the Crown, the Universities and Medical and Surgical Corporations, five elected by the members of the profession in England, Scotland and Ireland. It is in the highest degree improbable that Mr. Wheelhouse, Sir W. B. Foster, Dr. Glover, Dr. Bruce and Dr. G. Kidd's joining the Council will have any sensible influence on the improvement of Medical Education, on the accuracy of the Register, on the completeness of the Pharmacopœia, or on the social status of the profession. But it is perfectly certain that with five additional talkers the meetings of the Council will be prolonged, and that a sum of twenty-five guineas *per diem* will be added to the expenses of paying for the "palavers" of the Council. Where the advantages to be derived from the "direct representatives" make themselves apparent we cannot see. The disadvantages—more talk and more expense—are only too obvious.

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HOMŒOPATHY IN THE UNITED STATES.

"It is stated that in the United States there are more than 10,000 homœopathic practitioners, and that there are fourteen colleges for educating students in homœopathy. The homœopaths set forth their views in 143 societies and twenty journals, and give their valuable services to the public at fifty-one hospitals and forty-eight dispensaries. Our usually well-informed contemporary, the *New York Medical Record*, appears to accept these figures as at least approximately correct, though at the same time it expresses the belief that Americans are outgrowing their curious love for this worn-out theory."

The foregoing paragraph appeared in *The British Medical Journal* of the 28rd of October. If our contemporary the *New York Medical Record* can find any comfort in hugging the notion that these figures indicate the decadence of homœopathy in the esteem of the citizens of the United States, we would not be so cruel as to disturb it. If such a rapid increase in the number of practitioners, colleges, students, societies, journals, hospitals, and dispensaries, shows that homœopathy is "worn-out," the longer it wears that way the better will it be for the sick.

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THE MASSACHUSETTS STATE HOMŒOPATHIC  
MEDICAL SOCIETY.

At the usual half-yearly meeting of this Society, in April last, Dr. Pope, of Tunbridge Wells, was elected an honorary member.

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## ANTIFEBRIN.

THE Paris correspondent of the *British Medical Journal* (Dec. 11) gives the following account of the mode of preparation and supposed properties of a new medicine called *antifebrin*. From this it would appear to be a substance having a powerful action upon the heart, lowering the temperature of the body and reducing the frequency of the pulse. For this reason physicians who are in the habit of be-rating homœopathic practitioners for what they call "symptom treatment"—i.e. selecting a drug to quell some individual symptom, such as high temperature, &c.—are giving it in almost every variety of acute disease! This is a very antique method of ascertaining the sphere of a drug's remedial power, one which, so far, has been conspicuous by its failure to achieve the end aimed at. Experiments of this kind upon sick persons are not justifiable. Let those in health dose themselves for a time with

*antifebrin*, and note the results, then, by the light of the law of *similars*, we shall know when and where to take advantage of this new drug. The plan at present adopted is fairly described by Hahnemann as "the empirical game of hazard."

"*Antifebrin* is prepared by heating aniline with crystallisable *acetic acid* in a special receptacle; it is distilled and purified by successive crystallisations. It takes the form of a white crystalline powder, having no odour, and a slightly sharp taste; it is almost insoluble in cold water, easily soluble in warm water, and especially so in alcohol and liquids. It melts at 118° C., and distils at 292° C., without decomposition. It is neutral, and resists most reagents. The action of *antifebrin* is four times more powerful than that of *antipyrin*. Many observers have tested its effect in cases of typhoid fever, erysipelas, acute muscular rheumatism, phthisis, lung abscesses, fevers (leukæmia, pyæmia, septicæmia), and pneumonia. *Antifebrin* has been administered in doses of .25 gramme to 1 gramme in brandy, wine, or wrapped in wafer paper. A dose of 2 grammes has never been exceeded by Cahn and S. Hepp, who are studying this drug; but it can be increased without inconvenience, according to the nature, acuteness, and length of the complaint, and also according to certain conditions. The action of this substance manifests itself at the end of an hour, attains its maximum after four hours, and ceases, according to the dose, in the space of from three to ten hours. *Antifebrin* lowers the febrile temperature without exercising any influence on the normal temperature, and, according to various authorities, it has none of the disadvantages which attend the use of various antipyretics. It causes redness of the face, and profuse perspiration. No shivering has been observed in consequence of increased doses; though in some cases, as with *antipyrin*, patients have experienced a sensation of cold. Together with the fall in temperature there is a noticeable diminution in the beating of the pulse, accompanied by increase of arterial tension, as shown by sphygmographic tracings. In a few cases patients have complained of excessive thirst, and diuresis has been considerably increased (2,500 to 5,500 cubic centimètres). In cases of muscular rheumatism, *antifebrin* has lessened pain and fever very rapidly. The only untoward symptom which occurred when *antifebrin* was first administered was cyanosis of the face and extremities, which occurred in some patients; this, however, gradually disappeared, and left no cause for anxiety. According to Cahn and S. Hepp, *antifebrin* is highly to be recommended in clinical medicine, owing to its energetic action when given in small doses; also for its harmlessness to the stomach, and for its cheapness."



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THE TEMPERATURE IN *BELLADONNA*-POISONING.

*The British Medical Journal* (Oct. 9th, 1886) gives the following interesting observation on *belladonna* poisoning:—

“It is generally stated that, in cases of poisoning by *belladonna*, the temperature is lowered, or at the least not raised. In nine cases recently observed in Germany by Kratter and Strassman, the temperature was distinctly raised in every instance. If this proves to hold good generally, it would afford one more argument for using *belladonna* as a stimulant instead of alcohol.”

If anything were needed to show the looseness of thought which prevails when it is attempted to adapt facts to therapeutic purposes, it would be this conclusion drawn from these observations of Kratter and Strassman. *Belladonna* an alternative of alcohol! The *belladonna* fever precisely the same thing as alcoholic excitement! Failure is certain to follow such a mode of using this powerful and valuable drug. The true and only inference that can be drawn from these facts is that *belladonna* will be valuable in the fever corresponding to that which it itself excites—a fact already well known to all homœopathists. Moreover, a rise of temperature alone is utterly inadequate as a basis for the prescription of *belladonna* or any other drug.

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## CANTHARIDES IN THE BITES OF RABID ANIMALS.

DR. KARCHEVSKI mentions in the *Russkaya Meditsina* that he has successfully treated some patients who had been bitten by a rabid wolf with *cantharides*. The wolf attacked three men, inflicting on the first a large and deep wound in the left groin, a piece of skin several inches in area being torn off. The other men were wounded in the face, legs and arms, but more superficially. Still the bites of a rabid wolf are well known to be peculiarly dangerous. Dr. Karchevski remembered a conversation he had had with Professor Lashkevich, in which the latter had suggested *cantharides* as a remedy in hydrophobia, and he therefore made up his mind to give it a trial. *Cantharides* plasters were applied to all the wounds, and powdered *cantharides* was administered to each of the three patients in doses of a grain a day. The internal administration was continued for a week, till the patients complained of some heat in the urethra. Seven months having passed, and all the patients being still perfectly healthy, the author thinks the cases worth recording, though he is quite aware that *post hoc* is not necessarily in this instance *propter hoc*.—*British Medical Journal*.



### TYPHOID FROM A SINGLE DOSE.

M. DUJARDIN-BEAUMETZ has forwarded to the Paris Academy of Sciences a communication on the Pierrefonds typhoid cases last summer. M. Fernet, who occupies a high post at the Ministry of Public Instruction, his wife and family, hired a house at Pierrefonds, a fashionable resort near Compiègne, contiguous to two others. After they had rented it for the season they were told to beware of the water in the well. On this account they drank exclusively mineral water until the last day, when the stock was out, and the servants were too busy preparing to return to Paris to go to fetch some bottles from the chemist. Madame Fernet said, "For once surely there can be no harm in drinking the well-water." They drank it. Six out of the nine persons have since died, including one of the servants. The cook, two of the four children, and Madame Fernet had had typhoid fever before, and though attacked again by it after their return from Pierrefonds, have got through the illness. The well has been examined and is reported to contain the bacilli which are believed to be associated with typhoid fever. This is a common danger to which visitors to so-called health resorts, both on the continent and at home, are frequently subjected. The facility with which well-water is infected is hidden from the population by the impunity with which filthy well-water may often be drunk by resident families who have become acclimatised, especially when that water is for the moment infected only by non-poisonous fæcal matter, and this fancied immunity often leads to habits of carelessness, for which not themselves only, but their visitors have to suffer.—*British Medical Journal*.

### A SIMPLE TEST FOR ARSENIC IN WALL-PAPER.

A SIMPLE and easily applied test for arsenic in wall-papers has been devised by Mr. F. F. Grensted. No apparatus is needed beyond an ordinary gas jet, which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide, and an inch or two long. Directly the edge of this paper is brought into contact with the outer edge of the gas-flame a grey colouration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic-like odour, due to the vapour of arsenic acid (test No. 2). Take the paper away from the flame, and look at the charred end—the carbon will be coloured a bronze-red, this is copper reduced by the carbon

(test No. 3) ; being now away from the flame in a fine state of division, the copper is slightly oxidised by the air, and on placing the charred end a second time, not too far into the flame, the flame will now be coloured green by copper, (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arseniate is commonly used in preparing wall-papers. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.—*British Medical Journal*.

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### HEADS OF THEIR PROFESSIONS.

A CORRESPONDENT of the *Pall Mall Gazette* has recorded a lively little story of the late Fred Archer, the jockey, and his almost equally eminent contemporary, Sir James Paget.

Archer, having been bitten or otherwise injured by a horse on one occasion, called on Sir James Paget. The eminent surgeon having bound up his wound, Archer requested to know how long it would take to heal. "Oh," said Sir James, "I think in three or four weeks you will be all right."

"But shall I be fit for the Derby?" asked Archer.

"Ye-es," was the reply. "Oh, yes! I think you may go to the Derby."

"No, but you don't quite understand me, Sir James," persisted the jockey. "I mean, shall I be fit to ride?"

"Well, I don't know," was the answer. "Better drive, better drive!"

Archer, rather taken aback by this very innocent and unexpected rejoinder, had to explain. "I am afraid Sir James, you scarcely realise who I am?"

"No," said the surgeon, politely, referring to the patient's visiting card. "I see I have the honour of receiving Mr. Archer, but——"

"Well," said Archer, "I suppose I may say that what you are in your profession, Sir James, that I am in mine," and proceeded to tell him what that profession was.

The famous surgeon, on learning the status of his visitor, was at once greatly interested, and asked him eagerly many questions, among others, What would be his loss supposing he should be unable to fulfil the Derby engagement? To which Archer replied, "About £2,000." His average annual income he stated to be about £8,000; upon which Sir James is said to have remarked:—You may well say that what I am in my profession that you are in yours. I only wish that my profession were half as profitable as yours.—*The Chemist and Druggist*.

### CUSHMAN'S MENTHOL INHALER.

THE use of menthol as a palliative in neuralgia has greatly increased of late. Hitherto it has been so used by applying it directly to the area of pain in the form of a cone; this, however, being always exposed to the air, is liable to lose its medicinal properties, and it is now proposed to apply it by inhalation. The inhaler before us is simply a glass tube, corked at each end, the intervening space being loaded with menthol crystals. For use it is uncorked and one end of it inserted either into the nostril or mouth according to circumstances. It seems to be a very convenient plan.

### LIEBIG'S EXTRACT OF MEAT.

IMITATION is the sincerest form of flattery, but imitations are not always appreciated, and certainly not always of public advantage. This appears to be the case with Liebig's Meat Extract, as the following letter has been addressed to The Liebig's Extract of Meat Company, Limited, London:—  
"Accra, Gold Coast Colony, West Africa, 16th September, 1886. Gentlemen, I enclose two labels taken from pots containing abominable compounds, which I find, after nine months' experience, to be utterly useless. They were supplied to the Medical Department here, I suppose, as genuine 'Liebig.' Having used your extract extensively for ten years, I consider it a most valuable preparation; and sincerely regret it is possible for other firms to impose worthless imitations on credulous people.—Your obedient servant, A. WOODBURN-HERON, Assistant Colonial Surgeon." This is one of the many instances showing that compounds are sold, unfortunately with the sanction of the English law, under the name of Liebig's Extract of Meat, which have not the slightest title to be called by that name, and consumers will do well to ask for the only sort guaranteed by Baron Liebig.

### OBITUARY.

#### WILLIAM BELL, M.D.

ONE more name must be added to the list of our deceased brethren during 1886—that of Dr. WILLIAM BELL, of Eastbourne, who died on the 14th ult. Dr. Bell obtained his first qualification from the Royal College of Surgeons in Ireland, in 1826. Consequently he has had 60 years of professional life, for up to within a few weeks of his death he continued not only to receive, but even to visit, a few patients. He commenced practice at Mountrath, then removed to Clonmel, and subsequently came over to Bixley, in Norfolk. If we

mistake not, it was here that his attention was first directed to homœopathy by Dr. Hale while treating a case of croup; and Dr. Bell said that, if he could see an attack of acute inflammation of the lungs cured by homœopathic treatment, he would be inclined to look more into the system. This opportunity having been afforded him, he some time afterwards threw up his practice and went abroad to study homœopathy. Upon his return from Germany he commenced practice in Norwich, declaring himself to be a homœopath. Here he experienced bitter opposition, but also met with much success, till persuaded by some of his patients among the higher classes of society to remove to London.

From the time he settled in Hertford Street, Mayfair, until failing health and advancing years compelled him to relinquish the heavy work of a large London practice, he had an unbroken career of prosperity, and many are the now staunch supporters of homœopathy who became so through his skilful treatment; and we may add that we have heard him say that most of his successful cases were treated with medicines in the higher dilutions.

Some years ago he transferred his practice in London to Dr. Edglow, and went to reside in Eastbourne, where he died, December 14th, in his 88rd year.

Dr. Bell possessed a large share of that geniality and lively wit so characteristic of the Irish race. His patients and friends were one and all devotedly attached to him, and reposed the most implicit confidence in him.

At his funeral, in addition to the large number of relatives and personal friends who attended, there was a remarkable demonstration by the members of the Longton Hall Mission, Eastbourne, which has been established and maintained mainly through his help and the devoted exertions of his daughters.

## CORRESPONDENCE.

### NOISES IN THE EARS.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—I have to thank Dr. Cooper for his answer to my question respecting the function of the auditory nerve. It is always a satisfaction to have the opinion of a specialist, and particularly so in the present case, for we may feel assured that Dr. Cooper has good reason for what he says in anything relating to his own speciality. In his reply, in your last month's issue, he says he doubts the production of tinnitus by changes in the auditory nerve itself, although he is not in pos-

session of a sufficient number of facts to be able absolutely to deny the same. This is a much more guarded statement than the one that prompted my question. That was the general statement that the auditory nerve could not generate noises, but only register them. As regards the production of tinnitus I am content to accept Dr. Cooper's clinical experience, but when he lays down a physiological law which excludes the auditory nerve from any possible share in the production of noises in the head we meet on common physiological ground, and may fairly ask what experimental physiology has to say to it. Dr. Cooper did not meet the statement quoted from Foster's text-book of physiology, but, if that were not conclusive, let me add the following from the same source; "more-over sensations of sound may rise in the auditory nerve, or in the brain itself, without any vibrations whatever falling on the labyrinth," p. 564. "Under which king, Bezonian?" It is very disconcerting to find the authorities to whom one looks for guidance expressing themselves in this diametrically opposite manner, and it will, I think, be admitted that Foster's repeated and clear statement on this point is not adequately met by a mere doubt on the part of Dr. Cooper.

Towards a reconciliation of this discrepancy I would offer the following suggestions:—1st. As the auditory nerve is one of the shortest if not the shortest in the body, and as it runs its brief course almost entirely within the bony canals of the ear any discrimination between the affections of the auditory nerve proper and its expansion in the labyrinth must be extremely difficult. Besides this any congestive or inflammatory condition is not very likely to delimitate itself very exactly. Seeing that the entire organ is only about a cubic inch in size any morbid process is likely to include more than one anatomical divisions of its structure. Consequently Dr. Cooper's position may be clinically correct in regarding tinnitus as being for the most part a vascular derangement, arterial or venous, and either limited to the labyrinth or extending to the nerve trunk as well.

At the same time the whole course of general clinical experience as well as the positive pronouncements of physiologists render it certain that all nerve trunks are subject to morbid irritation that may elicit to a painful degree their special functional activity. It is only necessary to take a long nerve instead of a short to arrive at certain conviction that such is the case. Instances are superfluous, as they will occur to every medical reader at once.

By regarding the matter from these different points of view we may look upon Dr. Cooper's clinical position as well grounded, as indeed it was likely to be from *à priori* considera-

tion. At the same time objection must be made to the sweeping generalisation that would render the auditory nerve an exception to the rule that holds good throughout the nervous system generally.—P. PROCTOR.

### SPECIAL NOTICE.

We very much regret to find that our Volume for last year is numbered **XXXI**. The figures ought to have been **XXX**.

### NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

ERRATUM.—Page 732, on line 14 from the bottom for "vascular apparatus of the eye" read "muscular apparatus of the eye."

Communications, &c., have been received from Dr. DUDGEON, Dr. C. TUCKEY, Dr. J. H. CLARKE, Dr. E. BLAKE, Dr. MILLICAN, Mr. CROSS, Messrs. KEENE & ASHWELL and Messrs. CHRISTY & Co. (London); Dr. HUGHES (Brighton); Dr. PURDOM (Croydon); Dr. PROCTOR (Birkenhead); Dr. SHACKLETON (Sydenham); Mr. GREY (Gateshead); Dr. E. M. MADDEN, Dr. GIBBS BLAKE (Birmingham); C. KNOX SHAW, Esq. (St. Leonards); Dr. PRÖLL (Mèran), &c.

### BOOKS RECEIVED.

*Some Phases of Cerebral Syphilis.* By J. Althaus, M.D. London: Longman & Co. 1886.—*Transactions of the International Homœopathic Convention held at Basle, August, 1886.* London: Gould & Son, Moorgate Street, E.C. 1886.—*The Revolution in Medicine: Being the Seventh Hahnemann Oration.* By John H. Clarke, M.D. London: Keene & Ashwell.—*Homœopathic League Tracts: V. to IX.* London: Bale & Son.—*Key Notes to the Materia Medica as Taught.* By H. N. Guernsey, M.D. Edited by J. C. Guernsey. Philadelphia: F. E. Boericke. 1886.—*Croup: Its Nature and Homœopathic Treatment.* By Hurro Nauth Roy, L.M.S. Calcutta: K. C. Dutta. 1886.—*The Moloch of Paraffin.* By C. Maroin. London: R. Anderson & Co., 14, Cockspur Street.—*The Physician's Diary and Case Book.* Keene & Ashwell. 1887.—*The Homœopathic World.* Dec. London.—*The Medical and Professional Review.* Dec. London.—*The Hospital Gazette.* Dec. London.—*The Chemist and Druggist.* Dec. London.—*Burgoyne's Monthly Magazine of Pharmacy.* Dec. London.—*The N. A. Journal of Homœopathy.* New York. Nov.—*The N. York Medical Times.* Dec.—*The American Homœopathist.* Dec. New York.—*The Chironian.* Nov. New York.—*The N. E. Med. Gazette.* Dec. Boston.—*The Homœopathic Recorder.* Dec. Philadelphia.—*The Medical Era.* Dec. Chicago.—*The Medical Current.* Dec. Chicago.—*The Medical Advance.* Dec. Ann Arbor.—*The Clinical Review.* Dec. Cleveland.—*Fourteenth Annual Report of the Buffalo Homœopathic Hospital.*—*Homœopathic Journal of Obstetrics.* Nov. New York.—*Medical Counselor.* Aug., Sept., and Oct. Michigan.—*The Californian Homœopath.* Nov. San Francisco.—*Bulletin de la Soc. Med. Hom. de France.* Nov.—*Bibliothèque Homœopathique.* Nov. Paris.—*Revue Homœopathique Belge.* Oct. Brussels.—*Allg. Homœop. Zeitung.* Dec. Leipzig.—*Rivista Omiopatica.* Nov. Rome.—*La Reforma Médica.* Nov. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### CLINICAL NOTES ON SOME SURGICAL CASES.\*

By C. KNOX SHAW, Esq.,

Surgeon to the Buchanan Cottage Hospital, St. Leonards, and Ophthalmic  
Surgeon to the London Homœopathic Hospital.

IN the wide range of diseases which we, as medical men, are called upon to treat, there must arise cases now and then in which treatment by the surgeon's hand is more sure and speedy than by the gentler aid of physic. The administration of drugs, according to the law of similars, will often wrest a patient from the surgeon's knife, but homœopathy should not be exclusive, nor prevent us using all the means that have been given us to cure and relieve suffering humanity.

I therefore propose to ask your kind consideration for a short time of a few interesting cases, which have been under my observation in the Buchanan Cottage Hospital during the last few years, cases exemplifying the effect of surgical treatment of a few common diseases.

I felt some difficulty, amongst the material at my command, in choosing my cases, but noticing that there had been in the hospital during the last year or two several cases where I had been called upon to deal with collections of pus, or pus discharging cavities, I have grouped

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\* Read before the British Homœopathic Society, Thursday, January 6th, 1887.



some of them in order to illustrate points in their treatment. Collections of pus are of common occurrence and varied in situation, but treatment requires to be undertaken with caution and with due regard to its effect upon the health and life of the patient. The first case is one of *Spinal caries ; psoas abscess ; treated by lumbar incision.*

S. H., a delicate looking girl, aged 14, was admitted into the hospital, on July 5th, 1884, with the following history. When eight years old her mother first noticed some slight angular curvature of the spine, which gradually grew worse, and was treated a year before admission by means of a plaster of Paris jacket. For the past year she has complained of aching pain across the hips and loins and she has walked lame. She was a fair intelligent child, with angular curvature in the lower dorsal region. There was a well marked psoas abscess on the right side, the swelling extending from the level of the umbilicus to below Poupart's ligament. There was distinct fluctuation above and below this ligament, and indistinct fluctuation on deep pressure from front to back. There was no special thinning or redness of the skin indicative of the abscess pointing. She was kept for some little time under observation, and a daily rise and fall of temperature noted, varying from 100° in the evening to 98.4° in the morning. On the 22nd July, under an anæsthetic and with strict antiseptic precautions, the patient was placed as if for colotomy and a vertical incision made along the edge of the erector spinal muscle on the right side. The tissues were divided until, with one finger passed into the wound, and with an assistant making counter-pressure over the iliac region, the abscess was felt to bulge into the wound. A puncture per rectum, trochar and canula were then guided to this spot, and the abscess was punctured. Through the canula a long probe was passed into the abscess cavity and the canula withdrawn. With the probe as a guide the abscess cavity was freely opened. Three long drainage tubes were next introduced and all covered with carbolised gauze dressings. In two days the evening temperature fell to normal and remained so for a week, when there was a rise for a few days, but of no account. There was never a bad symptom after the operation, and the patient was discharged September 27th well; no trace of the abscess being discoverable. The



following year she was again admitted with symptoms of early hip joint disease of the same side, but this quieted down under rest and the application of a Thomas' splint. There was then no trace of the abscess. Before the introduction of strict antisepsis, the free opening of psoas abscess was a surgical operation fraught with much danger to the patient, the too often decomposition in the cavity and consequent pyæmia or septicæmia hastening the end. The confidence generated by Lister's antiseptic treatment of wounds emboldens the surgeon to treat these cases early, before the pus does extensive damage by burrowing or becomes extra-abdominal. In this case the pus was beginning to find its way below Poupart's ligament. The case further illustrates an important surgical point in the treatment of these abscesses, viz., the position of the incision. Generally the incision is made in the groin, but there are several serious objections to this position; it is not the most dependent point for drainage should the operation be followed by much suppuration, and when carrying out strict antisepsis the difficulties, when the wound is in the groin, are much increased. It may thus be said that, whenever practicable, psoas abscesses are most advantageously opened by an incision in the loin.

The next case is of interest from the difficulty of the diagnosis and the success of the treatment adopted.

*? Peri-nephritic abscess: treatment by aspiration.*

K. M., a dressmaker, aged 24, was admitted on June 17th, 1885. She stated that for the last two years she had been gradually losing strength and that at the same time she had noticed an increasing fulness of the left side of the abdomen. In the last six or eight weeks there has been some pain connected with the side. The menses were normal. This swelling was sometimes larger than at others, especially after exertion, when it became more tense, and she complained of a smarting soreness. When the tumour was tense there was a desire to micturate, and after relief of the bladder, (when she remarked she passed as much water again as usual) the tumour became smaller and the pain less. Careful cross-questioning failed to elicit anything further. The urine was always normal and had never contained pus. The woman was well nourished and fairly healthy,

but could not walk far or undertake any exertion; in fact the subjective symptoms were of a very negative character. Examination revealed a large resisting fluctuating tumour, occupying the left half of the abdomen. Percussion over it was absolutely dull. The dull area extended from a vertical line through the umbilicus, round the flank to the spinal column. Upwards, dulness extended to nearly a level with the sternum and below to about the middle of the iliac fossa. The symptoms lead one to suppose one had a case of hydro-nephrosis to deal with, but on puncturing the tumour with a hypodermic syringe it was found to contain laudable pus. The urine gave normal reaction and contained neither albumen nor pus. On the 4th July, under an anæsthetic, the tumour was aspirated and 92 ounces (over four and a half pints) of pure pus were withdrawn. Whilst the fluid was being aspirated a hardish rounded mass was felt, just below the edge of the ribs, but when the cavity was empty this could not be made out. This may have been the gradually diminishing sac of the abscess. The patient was kept in bed a fortnight and never had the slightest inconvenience. She was discharged July 28th, when most careful examination failed to detect any symptom of the abscess. She was again examined on December 18th, five months afterwards, with a similar result; and again on November 16th, 1886, sixteen months after the operation, and beyond saying she was a little poorly (no definite symptoms) she was in good health and showed no signs of any return of the abscess. The diagnosis of perinephritic abscess was made, more from the locality of the abscess than from any definite history pointing to the exact cause of the formation of the pus. When taking the history of the case the symptoms strongly pointed to hydronephrosis, but they might possibly be referred to pressure by the collection of pus upon the bladder and ureter.

The two following cases are illustrative of the treatment of abscess connected with disease of the hip-joint:—

*Disease of the right hip joint: abscess; aspiration.*

D. S., æt. seven, a bright little girl, was admitted into the hospital on October 20th, 1885. She had been an inmate of the hospital in the earlier part of the year,

from February to May, with signs of early hip joint disease of the right side, and after treatment in a Bryant's splint was discharged wearing a Bavarian splint. As she was able to get about without pain, her friends after a short time removed the splint. A few weeks before re-admission she began to complain of pain in the right hip, and the joint became flexed. When admitted the child was in fair health, but there was severe pain in the right hip, with rigidity, flexion and adduction of the limb. By November, after rest and extension in a Bryant's splint, the limb was straightened and the pain had ceased, but without apparent cause, on the 13th December pain and tenderness about the hip was noted, and on January 12th fulness over the front of the hip-joint, with indistinct fluctuation was detected. It was hoped that continued rest and the use of such remedies as *silica*, *calcareo carb.* and cod liver oil would have prevented the formation of pus, but the abscess slowly increased in size, and on February 23rd was aspirated, and three ounces of pus removed. Absorption of the rest of the pus took place slowly after this, and she was discharged June 2nd, wearing a Thomas' splint, the abscess having entirely disappeared, but complaining still of a little tenderness on deep pressure over the great trochanter. The little patient has been seen several times since her discharge, and she remains free from pain, has grown fat, and can go about anywhere, but still wearing her splint.

This case may with interest be compared with the next, where the bone disease, which induced the suppuration, ended in necrosis with the formation of large loose sequestra, the secretion of pus not ceasing until, by excision of the hip-joint, the exciting cause was removed.

*Disease of the right hip joint; displacement on to the dorsum ilii; suppuration; excision of the hip joint.*

T. M., æt 4½, a very delicate-looking boy, was admitted on March 30th, 1886. His mother stated he had always been in ill-health, and that the disease had been of more than a year's standing. He was extremely emaciated. The right hip joint was flexed and adducted, with marked deformity, showing evident displacement of what remained of the head of the bone upon the dorsum ilii. There was a fluctuating swelling over the joint. Extension was applied by means of a Bryant's splint, and

he was ordered *calcareæ phosph.*, and cod-liver oil. Gradually the limb became somewhat straightened, and on September 6th the abscess was aspirated, but only a small quantity of pus removed. After this suppuration increased, and the abscess became rapidly larger. Some delay arose in obtaining the parents' consent, and it was not till October 5th that, under the spray, the right hip joint was excised. The incision down to the trochanter allowed of the escape of a very large quantity of pus. The capsule was in a great measure destroyed, and the best part of the head of the femur absorbed, the femur having left the acetabulum. By the finger two large and loose sequestra, from the femur, were removed from the acetabulum. The neck of the femur was cut through with a narrow saw, and what remained of the head removed. The acetabulum was smooth. The abscess cavity was very large, the pus having burrowed deeply among the muscles of the thigh. The cavity was thoroughly washed out with chloride of zinc lotion (gr. xx.-ʒi). Drainage tubes were inserted, the dressings being iodoform and carbolic gauze. The case did well after this, and there has never been more than a few drops of pus at any subsequent dressing. The evening temperature, except on the second day after the operation, rarely reached 100°. By the end of November he was in a 'Thomas' splint, and allowed to get up. He was treated with *silica*, *arsenicum iodatus*, and *china* mainly through his illness.

The next and last case is one of very common occurrence, but which is likely to be less common when the early surgical treatment of scrofulous glands, before they end in suppuration, becomes more generally adopted by the profession. I do not intend to enlarge upon this question, it has been ably discussed in its medical aspect by Dr. Clifford Allbutt, and its surgery has been made clear by Mr. Pridgin Teale. I advance the following case, as one of several that have been under treatment in the Buchanan Cottage Hospital, and which illustrates the treatment of *suppuration of cervical glands, obstinate sinus in neck; cured by scraping away of gland and sinus*.

E. W., a cook, aged 28, was admitted on January 2nd, 1885. She had never had good health; one sister was afflicted with spinal curvature, one brother has enlarged tonsils; six brothers and sisters died quite young. Four

years ago she had typhoid fever, after which a left inguinal hernia developed, followed in another year by inguinal hernia on the right side. Eight months before admission the left side of the neck began to enlarge and pain, and finally suppurated. The abscess was opened four months ago and has been discharging ever since. A month after the incision a second opening appeared close by the first. Her right tonsil was removed a week ago. When admitted she was somewhat anæmic, and had on each side of and about the middle of, the left sterno-mastoid muscle a discharging sinus, a probe passing down and behind the muscle. Under the anæsthetic mixture the opening of each sinus was enlarged, and by means of a Volkman's spoon the contents of a caseating gland, along with pulpy material from the sinus, were removed; a drainage tube was inserted, and the wound treated with powdered iodoform. The convalescence was tedious, due to the fact that the sinus was underlying the sterno-mastoid muscle, and the difficulty of keeping the parts absolutely at rest. But she was discharged well on March 28th. In the *Lancet*, of June 5th, 1886, Mr. Frederick Treves has described an apparatus for giving rest to such cases as these, which will materially shorten the treatment subsequent to the operation. Last month I heard that the patient was married and quite well.

In the cases which I have just described I have mentioned but briefly the remedies used during the course of treatment and I have done so advisedly. I set out in this short paper to illustrate the surgical—antiseptic surgical—treatment of abscess cavities, and I cannot lay too much stress upon the thorough and complete carrying out of antiseptics if it is done at all. I have tried various antiseptic applications and various methods of applying them. I began with Lester's original method, carbolic acid spray and carbolic gauze as dressings. I have used Sanitas as spray and gauze; tried the plan adopted by Billroth, of Vienna, strict antisepsis without the spray; ventured upon corrosive sublimate spray and dressings; but have found the best results from using a spray of carbolic acid, shaving, and careful washing of the parts with carbolic lotion, dusting the wound with iodoform, using dry iodoform gauze as a first dressing, with carbolic gauze over it, keeping all in place with a soft gauze bandage. Not only should the dressings be antiseptic but the surround-

ings of the patient must be antiseptic also ; the hands of the assistants and nurses must be well purified, towels, mackintoshes, instruments, all kept well carbolised. If these precautions are taken and the result is a success, drugs are very little needed ; there are no urgent symptoms calling for relief. Remedies can thus be advantageously used for the original malady without any hindrance from the surgical operation.

With this I conclude the series of cases I ventured to bring before you this evening. They are all such as may occur in the practice of any medical man, and from this cause, though they are not illustrative of the action of the law of similars, I have thought interest might be attached to them. Our exclusion from other medical societies renders it a duty upon those who come across cases of interest to bring them before this society for mutual discussion, and to aid in building up that mass of clinical knowledge, without which the advice of the most scientific physician or surgeon may be unavailing when brought to the practical test of the bedside.

#### DISCUSSION.

Dr. POPE, in opening the discussion, referred to the view not unfrequently expressed that in a large number of instances surgery was but the refuge of indifferent medicine. The cases Mr. Shaw had narrated were in their commencement such as should have been relieved by medicine, and had the practice of medicine been as perfect as it ought to be they would have been relieved, and so never have reached a stage where surgical measures alone could avail to prolong life. It was therefore important that the physician should study most carefully cases, the natural progress of which led to such conditions as those presented by Mr. Shaw's patients : and it was no less important that the physician should clearly recognise when the power of medicine, so far as curing was concerned, ceased, and hand them over to the skill of the surgeon. Mr. Shaw traced his success largely to the antiseptic precautions he adopted. If one might form an opinion from reports in the medical journals, Listerism or antiseptic surgery was not so enthusiastically pursued as it was a few years ago. He thought that its decline in surgical opinion was due to the excessive use which had been made of carbolic acid—one of the most depressing drugs in the pharmacopœia—which it had involved. It was not that antiseptic precautions were not useful, but that the agent employed in making them was one only too well



calculated to neutralise them by its influence on the power of resistance possessed by the patient. That antiseptic measures were most valuable he had had a recent very striking illustration in a case of fracture of the frontal bone, with an extensive scalp wound, which he had seen with the surgeon in attendance. He was present when the first dressing was removed a week after the accident, and not a single drop of pus was to be seen in any part of the wound. Years ago, with the mode of dressing then in vogue, such a wound would have been deluged with pus. If in cases of injury on the external surface of the body antiseptic precautions could bring about results so valuable, how important must they be in the treatment of deep-seated abscesses, such as Mr. Shaw had narrated, and in surgical proceedings in the abdomen. Mr. Shaw's cases had, in the stage in which he saw them, given him no opportunity for availing himself of medicine in his endeavours to relieve them, but he (Dr. Pope) had little doubt that Mr. Shaw had, as other surgeons had, found much advantage from homœopathically selected medicines in treating the *post-operation* condition, in controlling fever and lessening the force of shock.

Dr. RENNER said that the antiseptic method had very great advantages, but also some drawbacks. In the case of the child of a friend of his he had been desired to operate, and did so without antiseptic precautions, except that the wound was washed with a weak solution of carbolic acid, but he found the absorption so considerable as to endanger the child's life.

Dr. DUDGEON said he had been much interested in the paper Mr. Shaw had laid before the Society. He thought the most complete account of the combination of surgery and homœopathy was that given by Dr. Bojanus, of Moscow, where he was sole physician at the hospital of Nishny-Novgorod. His book was very instructive as to the effect of homœopathic remedies in the after-treatment of surgical cases. He performed 72 operations of bilateral lithotomy. His mortality was very small, but of course did not compare with the newer practice of crushing the stone. His remedies were principally *cantharis* and *aconite*. *Cantharis* checked inflammation of the bladder, and *aconite* soon cured the consecutive fever. The subject of psoas abscess was one of peculiar interest to himself, because 80 years ago he had been condemned to die of that complaint. Sir William Ferguson, who was a great friend of his, used to come and see him very frequently, look very grave, but would never say what he thought the disease was. Dr. Leadam expressed a wish to have the opinion of Mr. Hilton, and Mr. Hilton confidently

asserted that the disease was psoas abscess. He (Dr. Dudgeon) then thought he would go and see Sir Benjamin Brodie, but he, on being told that Mr. Hilton was quite sure it was a psoas abscess, said "I don't see how Mr. Hilton can be sure of any such thing—I am not." He, however, wrote a prescription for a mixture of *liquor potassæ* and small beer, which was what Brodie always used when he did not know what was the matter. However, his psoas abscess was ultimately cured by mesmerism, by a little old Belgian of the name of Montius. In three weeks he was quite well, after having for three months gone about with a crutch.

Dr. HUGHES said he had fortunately no personal experience of psoas abscess, but had had some experience of it with patients, his father-in-law, with whom he worked at the beginning of his career, cultivating orthopædic practice. The antiseptic plan was not then known, and the mode adopted was to make a small puncture, seal up, and presently open again. He had frequently seen psoas abscess do well under such treatment, the patient not having a day's illness. In cases of operation no doubt the question of atmosphere, especially in old hospitals, was most important, and antiseptics where the air was impure were most valuable. But in a pure atmosphere good results could be secured without. In abdominal surgery, when done with antiseptics, the constant playing of spray on the patient was irksome and inconvenient; and the atmosphere could not be filled with a poison like carbolic acid without danger. In cases where there has been no antiseptic, only perfect cleanliness, the patients have made an equally good recovery. Cleanliness was the essential thing. Where the air was bad then positive agents were perhaps necessary, but where the air was good they could be done without. He was of opinion that the society could not hear too many papers on the subject of homœopathic surgery. Homœopathy finds so many opportunities in surgical practice that no apology was necessary by any member for submitting papers on cases of surgery. In cases of glandular disease he had often recommended the patients to have the glands taken out instead of undergoing a long and tedious course of medicine, and the patients had invariably thanked him for the advice.

Dr. ROTH reminded Dr. Hughes of a case of supposed hernia, which had been sent to him to advise as to a truss, but which turned out to be a case of psoas abscess.

Dr. HUGHES said he remembered the case perfectly. He also had assumed, like Dr. Roth, the correctness of the diagnosis, and had manipulated for the reduction of the hernia.



After the discovery of the abscess he emptied it by incision and the patient made a good recovery.

Dr. BUCK asked Mr. Shaw whether, in the case of perinephritic abscess he had described, he had found out the cause of the abscess; whether the patient had any rigors, or if there was any elevation of temperature or febrile disturbance. With regard to *hepar sulphuris* also, he would be glad to know if Mr. Shaw was in the habit of using it as a preventive or in the acute suppurative stage. An antiseptic which seemed likely to come into general use in the army, and was advocated by Lister, was corrosive sublimate in glycerine. Curiously enough, Hahnemann, writing on chronic ulcers of the leg, strongly recommended the application of a solution of one in two thousand of corrosive sublimate in water; and what he had prescribed so very many years ago was now being brought up as a new antiseptic!

Dr. DUDGEON remarked that Hahnemann referred incidentally to corrosive sublimate as an antiseptic in his work on ulcers. He also wrote a paper recommending nitrate of silver as an antiseptic.

Dr. NEATBY thought it important that abscesses such as those described by Mr. Shaw should be opened in the loin. He remembered similar cases where the abscess was opened in the groin. Though strict antiseptic precautions were adopted, the operation was usually followed by a prolonged course of suppuration, and not infrequently by death. In regard to the supposed injurious effects of carbolic acid, he had seen hundreds of cases in which, beyond a little discolouration of the urine, no trace of the effects of carbolic acid could be discerned. As to the last case referred to by Mr. Shaw of enlargement of the glands of the neck, his experience had not led him to recommend surgery instead of medicine in such cases. He had found medicines selected according to the symptoms of the particular case and the use of massage efficient.

Dr. MORE said that such papers as Mr. Shaw's could not but be beneficial to homœopathy, one of the dangers of which was to rely upon medicines a little too much. This was largely encouraged by patients who dreaded the knife and came in the hope of a cure by medicines. Dr. Buck's allusions to Hahnemann's use of mercury for local application reminded him that it had been brought forward 50 years ago for corneal ulceration locally, and was now being used in the same way as an antiseptic.

Dr. GOLDSBROUGH suggested that in all cases treated surgically and homœopathically the medicines used should

be recorded. No medicines had been mentioned as used in the first two cases described by Mr. Shaw. In the case of scrofulous glands he, (Dr. G.) deprecated surgical interference until medicinal treatment had been thoroughly tried. He had a young man under his care at the present time who had three or four *long* cicatrices of former operations on the glands of the neck, the last having been done twelve months ago. Swelling of the glands returned a few weeks back, but this was now decreasing very satisfactorily under *mercurius vir.* 8. He remembered one instance of a young woman who had had enlarged glands for a number of years; the swelling suddenly ceased, in a few weeks tuberculosis of the lungs ensued, from which the patient died in little over twelve months. He regarded all such cases as primarily requiring constitutional treatment.

Dr. SANDBERG strongly endorsed Mr. Shaw's advice as to early surgical treatment of glandular swellings, also his method of treating psoas abscess. He had lately treated a case opened with strict antiseptics with the best results.

Dr. CLARKE thought the paper of Mr. Shaw was a refreshing change from the general run of medical papers in the Society. On one point as to antiseptics he would like an expression of opinion. Did they act by killing germs, or in any other way? When taken internally they produced disorganisation not unlike pyæmia. Did these substances, therefore, when used in surgery, produce such effects as homœopathically to counteract pyæmic tendencies and not by killing germs? The surgical treatment of cervical glands seemed to him quite an open question. He had often seen persons of tubercular families with scars on their necks, such persons being exceptionally healthy. He had a case at the hospital of scrofulous affection of cervical glands, following caries of one of the bones of the face. The whole chain of glands was involved, but the boy's health was better than before. Gradually, under *iodide of potassium* the abscesses had all but healed.

Dr. DYCE BROWN thanked Mr. Shaw for his interesting cases, and showed his usual skilful treatment. He was glad that Mr. Shaw had come to practice in London as a pure surgeon, from what he knew of his success at the Buchanan Hospital at St. Leonards, the hospital and the profession may emulate themselves on his coming to London. He quite agreed with Mr. Shaw that papers of general professional interest should be brought up at the Society, as though really it was a homœopathic society, it was yet our only medical society. This opinion Dr. Brown had expressed in his inaugural address when President of the Society.

Dr. BLACKLEY also thanked Mr. Shaw, who was a comparatively new member, for so early remembering the duty of a member of that Society. He would re-echo a remark which had been made by Dr. Dyce Brown, that the Society was not only the homœopathic society, but was the only medical society for the majority of homœopaths, and the more varied the papers brought before them the greater interest would be shown in their proceedings, and the greater the monthly attendance would be. Coming to the subject of the paper, there were some affections generally supposed to be amenable only to the knife, where homœopathic treatment sometimes worked wonders; one of these was fistula, which he had frequently seen cured by medical treatment alone; in the case of enlarged tonsils, on the other hand, we had heard a great deal of the virtues of *baryta carbonica* and *baryta mur.*, but he had not found them so satisfactory as the earlier homœopaths appeared to have done. He mostly recommended excision of the tonsils, and had never seen any ill effects, but frequently most excellent results in the physical development of children, especially in one case where the tonsils were so large as to be a serious obstruction to respiration.

Dr. MARSH said he would like to enquire how Mr. Shaw compared the antiseptic or Listerian treatment with the non-antiseptic or anti-Listerian surgery in abdominal section.

Dr. ROTH (in the chair), after asking two or three questions as to the medical and surgical treatment of the cases Mr. Shaw had related, said that he would like to hear Mr. Shaw's experience of *sanitas* as a disinfectant. *Sanitas* was a product of terebinth mixed with water, exposed to a certain degree of heat for from 48 to 96 hours, the vapour of which was condensed. It was not only a disinfectant, but also a powerful antiseptic. Some allusion had been made to the power of carbolic acid. He remembered that many years ago, when carbolic acid was unknown, there was a doctor in a little village in Bohemia who had gained considerable repute by his treatment of caries. He (Dr. Roth) suffered from that disease about 50 years ago in consequence of bad allopathic treatment—a large number of leeches and various venesections being used in an attack of rheumatic inflammation of the elbow joint. He wrote to the Bohemian doctor and ascertained from him that creasote was the medicine he used internally in caries, but he did not try it.

Mr. KNOX SHAW thanked the members very heartily for the kind reception which they had given to his maiden paper, and expressed his pleasure at having been asked so many questions. Dr. Pope had referred to the dangers of antiseptic treatment, and he (Mr. Shaw) quite agreed that

reasonable care was desirable; but he had seen a great number of cases treated antiseptically, and had very rarely seen a case of carbolic poisoning. Cases of that kind he had come to regard as examples of idiosyncrasy in the patient. For a long time he had been sceptical as to the production of erysipelas by *arnica*. He was in the habit of using it frequently; but the other day he had a case in which one application of *arnica* produced erysipelas. There was no broken skin nor anything to account for such a result, except the *arnica*. He attributed it to the susceptibility of the patient. Now and then, in like manner, one application of carbolic acid in certain cases will produce carbolic poisoning. Of course antiseptics can be applied too strong, and sometimes were so, because some surgeons do not readily believe that a solution of 1 in 5,000 or 1 in 10,000 can produce the result desired. He found *arnica* and *aconite* of great service in the after treatment of his cases; *arnica* relieving pain, and *aconite* removing the danger of febrile disturbance.

Dr. DUDGEON here asked as to Mr. Shaw's use of *chloride of zinc*, and asked whether he used it in preparations of 20 grains to the ounce.

Mr. KNOX SHAW replied that he used it as a local caustic to the pyogenic membrane of pus cavities, or to collections of pulpy material, always taking care that none of the fluid was left in the cavity. He then described in detail his manner of using it. Dr. Hughes' method of opening an abscess and letting out a little pus at a time was purely antiseptic, the pus escaping so slowly that no air entered the sac. The methods were thus identical in principle. Dr. Hughes had also referred to the discomfort of the use of spray, which he (Mr. Shaw) also thought an objection. But it was obviated by the method of antiseptics as employed by Biltroth, of Vienna, which Mr. Shaw described. In abdominal sections it was sometimes inconvenient to use spray because it interfered with the operator's seeing, and dangerous because of the shock caused by the exposure of the peritoneum to its action. No doubt many good results had been obtained without the use of spray. He had made a point of trying everything, and described his experience when he had left off the use of spray, and when he had used corrosive sublimate as spray and gauze. He used the alembroth (sublimate) gauze, as supplied to Lister, but found that it set up eczema around the wound, and did not seem to keep the dressings so long antiseptic. Dr. Buck had asked about the case of peri-nephritic abscess. In that case there was no rigor, no feverishness, only the enlargement, which was so apparent that she was accused of being pregnant. She was

only uncomfortable, but people made remarks which made her come for treatment. There were no symptoms and he gave no medicine. In reference to the question as to the effects of *hepar sulph.*, he used it both to check the formation of pus and to arrest the secretion of pus. With reference to Dr. Goldsbrough's remarks about the incision of suppurating glands, he laid stress upon the fact that besides the incision there should be free enucleation of the caseating gland. He used *baryta* frequently with good results, and generally gave it before and subsequent to any operation for enlarged glands. He had not seen bad results from withdrawing large quantities of pus. Dr. Blackley had referred to the surgical treatment of enlarged tonsils, and the promotion of development of the chest by their excision. With his remarks he quite agreed; he had for many years refused to excise tonsils, and had treated them by medicine, but from watching the patients he had felt sure that they suffered from want of proper development of the lungs and chest, from impeded respiration, and he now recommended excision of the tonsils in suitable cases. Mr. Shaw then described the form of splints mentioned in the paper, particularly Bryant's and the Bavarian splint. As a final remark on *sanitas*, he said that he had not found it satisfactory as an antiseptic in surgery, the spray also causing headaches to doctors, nurses and patients, so that he had abandoned it in surgical practice.

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## LONDON HOMŒOPATHIC HOSPITAL.

### DISEASES OF THE RESPIRATORY ORGANS UNDER THE CARE OF DR. J. GALLEY BLACKLEY.

[From Notes by Dr. Hermann Hilbers, late Resident Medical Officer.]

#### CASE 519.

*Bronchitis in a tuberculous patient. Ipecac. and antim.  
tart. Much improved.*

John D., aged 58, chairmaker, admitted January 5th, 1886, stating that he was the only survivor of a family of 10. He had had good health until September, 1884, when he had an attack of acute bronchitis, and went to work too soon after it. Present illness began about four months ago, when he began to waste considerably, and had a loose cough, coming on mostly at night, with greenish, frothy expectoration; never spat any blood. Has been steadily losing flesh.

*On admission.*—Moist râles were heard over both lungs *in front*, more especially on right side. Over both apices expiration was prolonged and vocal resonance increased; breathing harsh in fourth interspace on right side. Behind, comparative dulness over middle lobe on right side, with a few râles. On the left side no râles, but expiration prolonged. Expectoration greenish and frothy; cough troublesome. Is very thin. R̄ *ipéc.* 1x gtt., tert. hor. First diet and cod-liver oil. Evening temperature 101°.

The patient's general condition soon improved, but cough, physical signs, and temperature remained much the same. On the 11th *nux vom.* was given for some digestive disturbance, in alternation with *ipéc.* On January 13th began to sweat a little at night, temperature being 100° morning and evening, and on the 16th complained of feeling very sick and of loss of appetite. Evening temperature still 100°. Spat a little blood during the evening.

January 20th. Morning temperature 99·8°. Cough still troublesome, but sickness has stopped. No more hæmoptysis. Is gaining flesh. Discontinued *ipéc.* and *nux*, and gave *ant. t.* 3x grj tert. horis. Discharged January 25th much improved, cough being almost gone and weight having increased. The evening temperature was, however, still 100°.

#### CASE 523.

*Acute bronchitis in an aged patient. Antim. tart. Cured.*

Annie D., aged 82, needlewoman; admitted Jan. 5th, 1886. Has not been subject to winter coughs, but had whooping-cough five years ago, for which she attended as an out-patient at University College. Her present illness commenced a fortnight ago with a severe cold, which she increased by going to midnight service on New Year's Eve.

*On admission* there were heard loud, sonorous and sibilant rhonchi over both sides of chest, with much audible wheezing and evident dyspnœa. Her pulse was rapid and very weak. Temperature normal. She was ordered *ant. tart.* 3x, grj, tert., a diet of milk and beef-tea, and 2 ozs. of brandy per diem. Next morning she had rallied considerably. Pulse was 81 and fuller; temperature 97°. Cough troublesome, and complained of great weak-

ness. By Jan. 8th she had so far recovered as to be able to take fish and eggs in place of slops, the medicine being continued. On Jan. 20th she was discharged cured, although still rather weak.

CASE 575.

*Chronic bronchitis and emphysema in a child of twelve.*

*Ipec., hepar. sulph. Much improved.*

Emily H—., aged 12, school-girl, much undersized, was admitted Feb. 8th, 1886, from the out-patient room, for severe cough and difficulty of breathing, which she has had every winter from the age of three. On admission the respirations were quick and laboured, and the cheeks and lips distinctly cyanosed. The chest was barrel-shaped and hyper-resonant, especially down the anterior margin of the right lung. Loud snoring rhonchi were heard over both lungs; on holding the breath the heart-sounds were heard to be accentuated at the base. Cardiac dulness small, but apex beats half-inch outside nipple line (hypertrophy). Has strangling cough with scanty mucous expectoration. Temperature normal. R. *ipec.* 3x gttj. tert. horis and first diet. On Feb. 15th her condition had so far improved that she was eating and sleeping well, and the cough was much less troublesome, although loud moist rhonchi were still heard over both lungs. The expectoration was more copious and muco-purulent, with a few bubbles of air. The *ipec.* was discontinued and *hepar. sulph.* given in its place, and she began to take cod-liver oil. On March 6th the patient was discharged apparently well, although the cardiac hypertrophy and emphysema of the anterior margin of the right lung still persisted.\*

CASE 61.

*Pleurisy, hydrothorax. Acon., bry., arsen., and arsen. iod. Much improved.*

Lennard, Kate, age 23, servant, admitted April 6th, 1886. Sent to the hospital by Dr. Shackleton, of Sydenham.

*Family history.*—Father had rheumatic fever, and has been an invalid 14 years. Otherwise good.

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\* The patient was re-admitted for a precisely similar attack on Dec. 15th, 1886, and is still in the hospital.



*Previous illnesses.*—Had an injury to “inside,” caused by a fall. Palpitation since.

*Present illness.*—About 6 weeks ago patient got wet, and following day had pain in the right side, which got worse, and she was treated by a doctor. On the 20th she saw Dr. Shackleton. She had a temperature of  $104^{\circ}$ , and pulse 130; R. 32. The period ceased at the time of the commencement of the pleurisy, and there was some ovaritis. She was treated with *bryon.* until there was effusion, and then with *apis* and *arsenicum*.

*Lungs.*—Right lung dull from base to angle of scapula behind; vocal resonance above dulness increased; breath sounds absent; ægophony. Left lung clear. Temperature on admission  $100.6^{\circ}$ . Was given *acon.* and *bry.* (by the house-surgeon). Diet, milk and beef-tea. Evening temperature  $101.6^{\circ}$ .

April 8th. Seen by Dr. Blackley, who found the physical signs as above described. The patient had a temperature of  $99.8^{\circ}$ ; slight cough, without pain or expectoration. She can lie on the affected side much more easily than on the sound side. Dr. B. ordered *arsen.* 3x gttj. 4 ter. horis, and *pigmentum iodi* to the skin over the dulness, with a somewhat more liberal diet.

April 15th. Evening temperature still over  $100^{\circ}$ . Morning temperature normal. Cough troublesome; percussion note over right apex dull; bronchophony over same spot. Painting of chest discontinued, and *arsen. iod.* 3x grj. ter. die substituted for *arsen.* From this date the patient began to mend, but very slowly. Evening temperature came down to  $99^{\circ}$ . Cough diminished, and the patient gained flesh, but there was still some fluid left in the right chest cavity when she left the hospital on May 3rd to go to a convalescent home.

(To be continued.)

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## THE THERAPEUTICS OF HYDROPHOBIA.

By JOHN DAVEY HAYWARD, M.D. (Lond.)

(Continued from page 23.)

IN an essay such as this it is necessary to allude to other drugs and plans of treatment which have been praised or proposed for the disease in question. Of course the local



treatment of the wound is common to all schools of medicine; nothing that can be done, by drugs or otherwise, to the system, is of such paramount importance as the effective treatment of the part bitten. Were the present writer unfortunate enough to be exposed to infection, after thorough treatment of the wound he would not rely on any one remedy as being strictly homœopathic, but would immediately commence a course of treatment by taking (perhaps hypodermically) *belladonna*, *stramonium*, and *lachesis* on alternate days, each drug for a day; in addition, he would employ vapour baths as advised by Dr. Buisson; should the throat spasms occur and become violent, he believes tracheotomy should be performed to postpone a fatal issue in order to allow of further employment of the drugs indicated.

Various other *animal poisons* allied to the serpent venoms, have been recommended for hydrophobia, especially *cantharis* and several other varieties of beetles, *apis* and *tarantula*.

#### *Apis.*

A case of bee-stinging (see *British Journal of Homœopathy*, vol. xxxviii.) presented the symptom: "The offer of water, which was much desired, caused convulsions, with an expression of fear in the face, as in hydrophobia."

#### *Cantharis vesicatoria.*

This beetle, and the poison extracted from it, have been frequently lauded for the prevention and cure of hydrophobia. Many of the symptoms of *cantharis* present a close relationship to the prominent symptoms of hydrophobia. Drs. Hartlaub and Trinks recommend *cantharides* as a preventive, and point to the symptoms—"Alternate paroxysms of rage and convulsions, which may be excited by touching the larynx, by making pressure on the abdomen, and by the sight of water; the eyes look fiery, and roll about in their sockets in the wildest manner. The patient is scarcely able to swallow, especially liquids, on account of a burning and dryness of the mouth, &c." The drug might be useful in those cases where priapism and sexual excitement is marked. Several old writers praise the use of dried and baked *cantharides* for hydrophobia (rhazes, &c.); and this formed the popular remedy for the disease in Greece, Hungary, and other countries. Many authorities (see *British*

*Journal of Homœopathy*, vol. xv.) advise these beetles in doses of one grain per day, both as prophylactic and remedy, and some advise its use also externally to the wound. In Russia, among military surgeons, this drug had great repute. (*Vide Case x.*)

Many other specimens of *coleoptera* have been used and advised for this disease, and have formed the basis of nostrums which have had great repute in their day; especially the *melœ majalis* and *proscarabœus vulgaris*, belonging to the same class as the *cantharis*, and having many similar properties. In Hufeland's *Journal* (1824) these beetles are recommended, as preventives, in decided doses.

In comparatively recent times the *cetonia aurata* a member of the *coleoptera*, has in some places, especially America and Russia, acquired great repute in hydrophobia. This is the ordinary gaudy-looking rose-beetle. Russian physicians mention large numbers of cases in which this remedy has been successful, and they consider it specific. In the *North American Homœopathic Journal*, vol. xviii., the cure of two cases by *cetonia aurata* and *stramonium* is detailed.

A popular Arab prophylactic consists of fragments of *coleoptera* (the *melœ tucci* and *mylabris tenebrosa*) which blister like *cantharis*. They state that a piece the size of a grain of corn, given in a piece of meat, will prevent hydrophobia, if given within 20 days of the bite. The Arabs are unanimous as to the efficacy of the remedy. (*Lancet*, 1878.)

The French Academy has refused to investigate the value of these beetles in this disease; but many of our most valued remedies have been obtained from drugs in popular repute for various diseases, though despised by Academies. Wherever a herb or other drug maintains a reputation among the people for generations, men in authority and scientific boards may make up their minds there is "something in it."

#### *Vapour Baths.*

The treatment by repeated vapour baths, introduced by Dr. Buisson, has been widely recommended and adopted. This sweating treatment is proposed both for prevention and cure, and many cases have been recorded where both results appear to have been obtained. In

some cases *jaborandi* is administered to the patient in addition, as in a case reported by Dr. Dujardin Beaumetz; in others mercurial fumigation has been employed with the vapour bath.

The Buisson treatment is so popular at present that establishments for its performance have been prepared in various cities. In London, arrangements for the reception of hydrophobic patients and their treatment by this plan are complete, and poor patients can be attended to free of charge. The treatment consists in frequent use of the Turkish and vapour bath, with copious draughts of hot infusion of borage to promote free perspiration. Dr. Buisson believes the treatment saved himself from the results of the bite of a rabid dog, after definite symptoms had appeared, and that numerous other lives have been also saved thereby. Several French physicians report favourable results from similar proceedings.

#### *Curare.*

This drug has been used for hydrophobia, chiefly hypodermically; it has lately acquired some popularity, and is perhaps the most promising treatment the old school of medicine has to offer. *Curare* paralyses motor nerves, acting chiefly on their peripheries; the object of its use is therefore to prevent the convulsions and the dangers of asphyxia and exhaustion which these lead to; the drug is administered until general muscular paralysis is induced; but there is the risk of also paralysing the muscles of respiration or of inducing sudden syncope by the action on the heart. Cases have been reported which have been benefited by such treatment, and Offenbergh, Dolan, Flint and Watson attribute cures to the use of this drug. (*Vide* case viii.) In a large number of cases, however, the use of *curare* has utterly failed (*vide* xv., xvi.), and in many cases alarming respiratory failure has developed under its employment.

In the *Hahnemannian Monthly* for 1880, a case is related (which ended fatally) where *morphia*, *bromides*, *chloral* and *chloroform* were used, and where also repeated subcutaneous injections of considerable doses of *curare* were employed and fairly tried. The first dose caused some muscular relaxation, but subsequent doses only caused increased exciting results. The drug was fairly tried and seemed to aggravate, rather than relieve, the disease.

*Pilocarpin.*

Dr. Richard Neale recommended *pilocarpin* as a remedy for hydrophobia in 1879, since which time many cases have been published in which this drug was used, in some apparently with benefit, but later and more extensive investigations seem to show that it is of but little use. Dr. Dumont (*Progrès Medical*, 1882) related a case to the Paris Academy in which a patient with hydrophobia had been cured by hypodermic injections of *nitrate of pilocarpin* t.d., after *codeia*, *morphia* and *bromide of potassium* had been used without any good effect. The case seemed a good one, and much interest therein was excited, but a closer examination caused the investigators to doubt its history and diagnosis.

*Ignatia.*

Dr. G. Blackley considered that *ignatia* and *belladonna* together furnish, "in the symptoms they produce in the healthy subject, as complete a picture of this disease as can be found in any two drugs, and that they act principally upon those parts of the nervous centres most affected in hydrophobia." (*Vide* case iii.) Certainly the fear, anxiety and convulsions of hydrophobia are mirrored in the pathogenesis of *ignatia*; but, as Dr. Hughes pointed out, in hydrophobia the hyperæsthesia is cerebral rather than spinal, as in tetanus and in the spasms of *ignatia* poisoning.

The *alisma plantago*, or water-plantain, has acquired a high and popular reputation as a prophylactic and a cure for rabies and hydrophobia, especially in Russia. The powdered onion-like root of the plant is the part used, and very many cases are recorded in medical literature in support of the virtues of the plant. Burdach, Martius, and several Russian physicians report remarkable cases and series of cases treated with this plant. The remedy is an old one, and was more popular sixty years ago than at present; though lately it has been revived and its virtues have again been lauded in the press. A commission of the Paris Academy of Medicine investigated the question, and reported unfavourably on the evidence for the power of the drug in hydrophobia.

*Cannabis indica.*

Cases of hydrophobia have been reported cured by this drug. (*Vide* Case ix.)

In the *Lancet* for 1840 (p. 539, vol. ii.) a case is reported where the use of this drug greatly relieved the spasms and the agony; although the result was fatal the end was postponed, and sleep and considerable relief followed the doses of hemp.

*Veratrum viride*

has been recommended on account of the signal benefit it often gives in cases of cerebro-spinal congestion. (*Vide* *British Journal of Homœopathy*, vol. xxxiii.) (*Vide* Case v.)

*Cedron.*

The seeds of *cedron* are employed, in Central America, for the bites of serpents, for hydrophobia, and for intermittent fevers. The tree is the size of an elm, is of the family of the cedars, and grows in the whole of Central America, especially near Carthagená. The seeds nearly resemble a large bean, enclosed in a matty, ovoid drupe of the size of a lemon. It has a reputation in the United States for hydrophobia, and, in the *American Homœopathic Journal*, vol. i., Dr. Cazentre reports that persons have informed him that they had seen mad dogs cured by the administration of this remedy, and that a bitten animal would be preserved from the disease if this drug were administered during the period of incubation.

*Euphorbia.*

In the *American Medical Journal of Homœopathy*, vol. i., several cases are quoted from the *Gazette des Hôpitaux* where hydrophobia is said to have been prevented or cured by *euphorbia*. The wounds were bathed with a decoction, of which a small wine-glassful was administered as a dose, for three or four days. M. Krebel relates a case where he cured a woman from hydrophobia by one large dose of *euphorbia*.

*Sedatives* have been the drugs upon which reliance has been chiefly placed in hydrophobia; they do not cure, but may relieve the spasms and reduce the agony and distress of the disease in its progress to a fatal issue.

*Chloral* is, perhaps, the best sedative to the nervous system which can be used in hydrophobia with the object

of prolonging life, temporarily allaying the spasms and relieving some of the suffering ; it may be given by subcutaneous injections or by enema, the former plan being best as less likely to cause convulsions.

*Morphia* seldom gives such relief as *chloral* does, even when given in big and frequent doses.

*Chloroform* produces temporary cessation of spasms and aids the introduction of food. Dangerous spasms may be caused on the commencement of the administration. (*Vide* Cases xii., xiii., xiv., xv., xviii., xxii.)

*Asparagus* and *garlic* have both been recommended for hydrophobia.

In the *British Journal of Homœopathy*, vol. xvi., are mentioned some cases treated by *asparagus officinalis* by Dr. Chairètès, of Athens, in which symptoms appeared to be relieved, especially the hydrophobia ; also in the *Lancet*, 1853.

In the *St. Louis Periscope*, 1884, a Portuguese physician reports seven cures of hydrophobia by the external and internal use of *garlic*.

Among other remedies for hydrophobia which have had their supporters, but which have not received much credit from more careful and extensive research, may be mentioned *box*, *bromide of potassium*, *scutellaria*, *chickweed*, *arsenic*, *mercury*, and *lobelia*.

It has been asserted that both the Chinese and the inhabitants of Ceylon are acquainted with specific remedies for hydrophobia, which, however, they refuse to communicate.

To homœopaths there is an interesting account in the *U. S. Medical Investigator* for May, 1880, of a plant known as "loco," which is said, when eaten by horses, who are very fond of it, to induce all the symptoms of rabies.

Hahnemann alludes to *arsenic* as being of reputed value in hydrophobia.

An infusion of *elecampane* has a reputation in some regions, and Mr. Fry has published cases in support of its value.

#### *Professor Pasteur's experiments.*

M. Louis Pasteur, the celebrated French professor, has recently published the result of his experimental researches in hydrophobia, and he announces the dis-

covery that inoculation with the attenuated virus of rabies affords to an animal immunity from contracting the disease in the future, just as inoculation for charbon is described as protecting sheep against this disease. Various scientific authorities and a Commission of Investigation, appointed by the French Government, have confirmed the results of Professor Pasteur's researches.

In one series of cases Pasteur experimented with 23 dogs which had been subjected to inoculation with the virus prepared for the purpose by transmission through other suitable animals; side by side with these he placed 19 dogs which had not been so treated; of these latter, 6 were bitten by mad dogs and 3 became mad, 8 had the virus injected into their veins and all became mad, and 5 were inoculated near the medulla oblongata after the operation of trepanning and all became mad; thus 16 out of these 19 dogs died when exposed to the virus: whereas, of the 23 dogs, none succumbed when submitted to similar conditions. How long this immunity lasts is not yet determined.

Pasteur states that the poison-producing rabies is most concentrated and pure in the medulla oblongata and that it acts most strongly when injected into the subarachnoid cavity near the medulla oblongata; by a series of inoculations, from and to this region in monkeys, he asserts that the poison becomes weakened and at last does not produce the disease in dogs, but will protect animals vaccinated therewith from contracting the disease from other sources. The professor found that the virus of rabies, when introduced into rabbits, was highly intensified in power; but when passed through the systems of monkeys it became so weakened as not to cause serious disease; further, when this enfeebled virus is retransmitted to dogs, they are not infected with the disease, but are rendered insusceptible to it from other sources, and he has many dogs which he is prepared to have bitten by mad dogs.

This is not all, for Professor Pasteur declares that his process of inoculation is a preventive of the disease after inoculation by the bite of a rabid animal, in the nature of an antidote. The *St. Louis Periscope* for June, 1884, quoting from an interviewer of the professor, writes:—



M. Pasteur says: "Cauterisation of the wound immediately after the bite, as is well known, has been more or less effective; but, from to-day, anybody bitten by a mad dog has only to present himself at the laboratory of the Ecole Normale, and by inoculation I will make him completely insusceptible to the effects of hydrophobia, even if bitten subsequently by any number of mad dogs. I have been looking for the last four years into this subject. I found out in the first place that the virus of rabies loses its intensity by transmission to some other animals. With the rabbit, for instance, the virus of rabies increases in power, with the monkey it decreases. My method was as follows: I took the virus direct from the brain of a dog that had died of acute rabies. With this virus I inoculated a monkey; the monkey died. Then with the virus already weakened in intensity taken from this monkey I inoculated a second monkey. Then with the virus taken from the second monkey I inoculated a third monkey, and so on, until I obtained a virus so weak as to be almost harmless. Then with this harmless virus I inoculated a rabbit, the virus being at once increased in intensity. Then with the virus from the first rabbit I inoculated a second and there was another increase in the intensity of the virus. Then with the virus of the second rabbit I inoculated a third, then a fourth, until the virus had regained its maximum intensity. Thus I obtained virus of different degrees of power. I then took a dog and inoculated him with the weakest virus from the rabbit, then with the virus from the second rabbit, and finally with the rabbit virus of maximum intensity. After a few days more I inoculated the dog with virus taken directly from the brain of a dog that had just died of acute madness. The dog upon which I had experimented proved completely insusceptible to rabies. The experiment was frequently repeated, always with the same unsuccessful result. But my discovery does not end here. I took two dogs and inoculated them both with virus taken from a dog that had just died of acute rabies. I let one of my two dogs thus inoculated alone, and he went mad and died of acute rabies. I subjected the second dog to my treatment, giving him the three rabbit inoculations, beginning with the weakest, and ending with the strongest. This second one was



completely cured, or rather became completely insusceptible to rabies." M. Pasteur then went to a kennel and caressed a dog that had undergone this latter operation. "Voyez," said M. Pasteur, "comme il est bien gentil." Whoever gets bitten by a mad dog has only to submit to my three little inoculations, and he need not have the slightest fear of hydrophobia."

These experiments of Pasteur's seem to demonstrate that the virus of hydrophobia is an organic germ, capable of cultivation, and directly reproducing the disease, and that its intensity and power may be greatly altered by different processes of cultivation.

Not only has it been proposed that, as a means of stamping out the disease, there should be the authoritative institution of the general inoculation of dogs against the disease, but Pasteur has founded upon his researches a plan of treatment for persons bitten by rabid dogs; a plan which has secured the attention of the world, the wish being father to the thought, that now we have at command the long-desired cure for hydrophobia. Pasteur has described and is practising a method of treatment for persons exposed to the virus of rabid animals, which consists in a series of inoculations of the attenuated virus contained in tissues from animals in which he had induced the disease. This method has been received by a large part of the scientific professions and of the rest of the world with faith and transport; extravagant claims to certainty, as a preventive and a cure for the disorder, have been put forth on its behalf, honours of all kinds have been poured upon its discoverer and patients have been sent from various regions of the world to be treated under his personal direction.

There is not space, in an essay such as this, to enter into an account of the experiments and discoveries of Professor Pasteur, beyond considering shortly their import, from a practical point of view, as a cure or preventive in human beings of the disease in question. The enthusiasm with which Pasteur's treatment has been adopted by the profession, and the faith reposed in his plan as a cure and preventive of the disease, have received some check since the death of the eighth of the patients under his care; and some of the pretensions of the plan have had to be abandoned, until it happens that now we are told that the process is only preventive, not curative

and that even for prevention the treatment must be commenced within fourteen days from the infliction of the wound.

That a large number of individuals bitten by animals should escape hydrophobia after any plan of treatment whatever, cannot be accepted as proof of the efficacy of such treatment without careful and unbiassed examination. Facts, apparently as conclusive as those proffered in favour of Pasteur's method, have over and over again been advanced in support of the claims of other proceedings directed against this disease. Nostrums have been lauded by scientific bodies, their receipts have been bought by Governments, and the terms in which their virtues have been set forth are closely imitated by much that is written about the most recent candidate for honour. A study of the literature of hydrophobia will show how commonly various methods have claimed the power to have cured hundreds of cases, to have prevented large numbers from developing, and to have been adopted and supported by commissions from academies of medicine. These claims have so often preceded the disgrace and neglect of the lauded remedy as "to give us pause" before we rashly adopt any method with similar credentials. There is nothing new for the profession to have an antidote to hydrophobia to cackle over, and Hahnemann wrote, concerning similar reputed certainties of his time, what will apply very closely to the fashion of to-day. The subject is one of great difficulty, and evidence requires careful and sceptical examination. Many dogs credited with rabies, indeed the majority of these, have not the true specific disease; while of individuals bitten by really rabid animals, especially if the bite take place through the clothes, only a small percentage will acquire the disease, especially when the bite is efficiently treated. Of a score of persons bitten by the same rabid animal only one may take the disease. In addition, it is to be observed that in medical literature cases are recorded where untreated hydrophobia, to all appearance the true disease, has been recovered from. The *post hoc, propter hoc* fallacy has been especially rampant in the history of hydrophobia; large numbers of persons bitten by dogs supposed to be rabid have employed some treatment, and its reputation is made until time or a new rival ousts it from favour and even remembrance. Pasteur's

vaccinations offer only similar credentials at present. The removal of the spurious hydrophobia by faith in the remedy employed helps to foster the delusion, and it is possible, such is the power of mind on the body, that a belief in the efficacy of the prophylactic employed has prevented the outbreak of many an attack, possibly even of the true disease, by preventing the morbid nervous condition, induced by fear and anxiety, which the anticipation of the disease induces. Individuals have died, apparently of hydrophobia, while the dogs by which they were bitten have remained alive. (*Vide Philosophical Transactions*, vols. xiii and xx.)

Professor Pasteur *now* only claims that his proceedings are, not curative, but preventive; this of course it is much more difficult to disprove; where individuals do not take the disease after being bitten (and these it has been shown are a very large proportion) a "success" is recorded; where failure occurs there is always some "explanation," in fact, as the result of explanations the virtue of the treatment has been reduced to a claim of prevention for one year in cases treated within 14 days from the bite; a few more "explanations" and the thing will be explained away. Again, it is improbable (as Hahnemann remarks) that any prophylactic of hydrophobia will not be a remedy for the developing disease. Show us half-a-dozen "cures" and we will believe; a hundred "preventions" and still we shall doubt, whatever "commissions of inquiry" may say.

Of course a greater length of time is required than has lapsed since the commencement of this plan of treatment before it will be certain that many of the other "vaccinated" patients will not join the eight who have "gone before."

Again, if the artificially prepared material used for inoculation have power, it must act by giving a mild and modified attack of hydrophobia. Hydrophobia has not been proved to be a disease dependent upon the amount of poison received into the system; for all we know a fraction of the true virus may be as potent as a comparatively large amount. Where a small amount is present, a longer time may possibly elapse before there are evidences of gross affection of the more important nerve centres; nor can we fix a definite time for the action of the poison on these centres to have exhausted

its power. Therefore, if we are to conclude that *all* the individuals operated upon had contracted latent hydrophobia from the bites (an absurd assumption) because the artificial virus did not itself produce the disease in them, how are we to be sure that some of the eight who have died, and, any who may die in the future from the disease, have not received this disease from the professor's inoculations? On the other hand, if we admit that the majority of these individuals must be free from hydrophobic taint, and yet can suffer these repeated injections with impunity, where is the evidence that the tissues employed have not been treated and sterilised into impotency. Since in Pasteur's treatment the very virus which causes the disease is employed, a dangerous dilemma presents itself with regard to unsuccessful cases. Either the process has failed to prevent the disease, or it has actually caused it; especially as a case where a dog was treated in order to protect it from rabies is reported, in which the animal developed the disease soon after, although no other source of contagion had been present.

Pasteur's cases require careful differentiation; and those bitten by dogs undoubtedly rabid, and on parts unprotected by clothes, should be classified by themselves. Seeing that 200 cases appear for treatment in ten days and 1,200 in a couple of months, either the disease is growing at a rapid rate or much useless time and trouble is being expended.

The method proposed by Pasteur has been in the public press compared to vaccination for small pox and to homœopathy. It is allied to neither, though even scientific journals state that it is an example of like curing like. Pasteur's plan is isopathy; vaccination is crude preventive homœopathy.

*Proving the hydrophobic virus.*

In the *American Homœopathic Journal* for 1852, C. Hering relates that he had proved the saliva of the rabid dog. This is a remarkable anticipation of the Pasteur process, and the results read equally conclusive. In the *Philadelphia Journal of Homœopathy*, vol. iii, is a long proving of hydrophobin. Hering writes:—

“ In June, 1833, when in Philadelphia, I happened to fall in with a dog in a state of decided rabies, while he

was still living and shaken with convulsions. I gathered some of his saliva, triturated it, and soon convinced myself, by actual experiment, that it was a remarkably efficient remedy. I have cured dogs in the first stage of rabies with it, and also ulcers remaining after the bite of evil-disposed dogs. All those who were bitten by a dog reputed mad, to whom I administered '*hydrophobin*' continued well."

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### CASE OF CEREBRAL MENINGITIS COMPLICATING PNEUMONIA. RECOVERY.

Reported by Dr. ED. M. MADDEN, Birmingham.

With a Note by Dr. J. GIBBS BLAKE.

ON 20th March, 1886, I first saw Naomi W., a stout, somewhat plethoric girl of 17. She had been already four days in bed with what was considered by her friends merely a bad cold on the chest, examination of which only gave at that time the usual evidences of an acute inflammatory bronchitis, for which I prescribed *acon.* 1x and *ippecac.*  $\phi$ , besides general treatment.

By the 22nd, however, her condition had become much more serious; she had been delirious for half the previous night, lay moaning and heaving in her breathing; complained of violent headache, with beating at the back of her eyes. The P. was 144; T. 102.6; and R. 24; tongue coated with a thick, slimy, white fur, and urine very dark and strong. Physical examination, however, still seemed to show only an extension of the bronchitis into the capillary tubes. I now gave her *bell.* 1x and *ant. tart.* 2x.

On the 23rd the cough and breathing were much the same, but her head seemed very much better. P. 130; T. 99.8. The tongue, however, had become dry, and brown down the centre. She complained of being very tender all over the abdomen, and her bowels had not been opened for six days. Knowing that there had been typhoid in the neighbourhood, I began to suspect this as the explanation of her serious condition, but could find no rose-spots. I was called to her again at 5 p.m., as since 3 she had been in very severe pain in her bowels. I found her lying panting for breath, but sweating freely.

The P. 140, but T. only 98.8. Considering the pain to be probably due to retained fæces, I gave her an enema, which acted freely and gave great and immediate relief.

On the 24th she had passed a very bad night, being delirious most of the time. She lay groaning and semi-comatose. The tongue was dry and cracked, red and raw-beef looking. The chest began now to give evidence of broncho-pneumonia in the right lower lobe, the general bronchitis still remaining in the rest of the lungs. P. 144; T. 99.2. I was still on the look-out for positive evidence of typhoid, and now gave her *arsen.* 3x and *opium* 2x. On the evening of this day she seemed in a very critical state. P. 180; T. 103; R. 40. She had had some convulsions during the early part of the evening, and now lay unconscious, with the eyes turned upwards and the teeth clenched. She was sweating heavily (the only favourable sign about her), and her breath was gasping and shallow, hardly any air entering the deeper portions of the lung.

The next day, the 25th, found her no better, she having again had convulsions during the night. P. 144; T. 98; R. 36. During intervals of consciousness she had again complained of severe pain in the bowels, and her tongue was now quite brown, besides being dry and cracked, and my mind was still directed towards typhoid as the explanation of her symptoms, and I now gave *baptisia*  $\phi$ .

In the evening of this day, however, Dr. Gibbs Blake saw her with me, and diagnosed the case as one of pneumonia with cerebral meningitis, though the latter had appeared at an unusually early period in the course of the attack. His prescription was *cuprum acet.* 3x, m. ij.,  $\circ$  2 hrs., and from the time of her taking the second dose the convulsions ceased, and the meningeal symptoms steadily diminished, though it was not till the 31st that she completely regained consciousness, with power over her stools and urine, which had been both passed involuntarily during the week following the first onset of convulsions. *Pari passu* her general condition steadily improved, though the pneumonia ran a tedious course, complicated still further with some pleuritic effusion, and it was not till the 6th of May that I finally ceased my attendance; but the special interest in the case ceases with the clearing up of the diagnosis and the

rapidly curative effects of the *acetate of copper* at a time when I think most men would have given up all hope of a favourable termination.

Dr. Blake's introduction to the use of this medicine in such a condition is so extremely interesting, and such a telling illustration of testing the truth of our law, which was arrived at by the method of induction, that I have asked him to narrate it in his own words, to form a postscript to the history of this case, in which it was so happily applied.

Note by Dr. GIBBS BLAKE.

Dr. Madden has asked me to append a note to the foregoing.

My first case occurred in October, 1879. A lady, æt. 30, had a sharp attack of croupous pneumonia, which was going on well towards recovery when serious symptoms of cerebral meningitis, with effusion, showed themselves; rigid contraction of arms and legs, paralysis of the 7th cerebral nerve on the right side, complete unconsciousness, tongue brown and dry, and pulse and temperature high.

As I gave a hopeless prognosis, the parents asked me to meet Dr. B., an allopathic physician, in consultation. We met, and he also gave a hopeless prognosis. I then said to him, "as we both think this patient is going to die you are justified in making an experiment with the law of similars; now, if this were a case of poisoning, what poison would be likely to have produced such symptoms?" It so happened that Dr. B. had been engaged in investigating the subject of copper poisoning in the neighbourhood of some copper works; and he answered, "the *acetate of copper*." We agreed to give the patient 1/120th of a grain of *acetate of copper* every two hours, and to meet the next morning with the full expectation of finding the patient dead. She was better, and in a week she was convalescent. I saw her a few weeks ago in good health.

It is not often that we can get an allopathic physician to choose the remedy for a disease on *à priori* grounds so free from empirical considerations, but it affords a good example of scientific therapeutics and an apt illustration of the homœopathic principle.



## TWO CASES OF CHRONIC POISONING BY *BISULPHIDE OF CARBON*.\*

By JAMES ROSS, M.D., LL.D., F.R.C.P.

THE notes of the following cases were taken by my clinical clerk, Mr. P. de C. Potter :—

### CASE I.

J. N., aged 24 years, was admitted to the Manchester Royal Infirmary on May 5, 1886, under the care of Dr. Ross.

*Previous History.*—The patient is an unmarried man, and never suffered from any serious disease up to the date of his present illness. He has always been well clothed and fed, has never indulged in any alcoholic excesses, and has for a considerable time before admission been a total abstainer. He has never been infected with syphilis. The patient is of Irish extraction, but has lived in Salford for the last eleven years. During the greater part of the time he has been in this country he was employed in a calico printing works; but being out of work about eight months ago, he obtained a temporary engagement in an india-rubber factory. In his new situation he was employed in the “curing room,” where he inhaled the fumes given off from certain chemicals used in the process of manufacturing, and said to consist chiefly of *bisulphide of carbon*. After working for a few weeks in this place the patient suffered from a burning sensation in the hands and face, and these were also hot to the touch and of a red colour. He found, however, that when he put his hands in cold water they immediately turned of a livid colour, and became cold and numb as if they were dead, or as the patient at another time expressed it, “they looked just as if they had been frost bitten.” In consequence of the effect cold water had upon his hands, and to a less extent upon his face, he was obliged to wash himself in warm water. On getting home at night he suffered from a fidgetty and restless feeling, which prevented him from being able to sit still for more than a few moments at a time. After working for a few weeks longer the patient experienced tingling sensations and numbness in his feet and hands, his legs began to feel heavy and feeble, and he noticed a considerable degree of weakness at

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\* Our attention was drawn to these two very interesting and admirably reported cases, in *The Medical Chronicle* for last month, by Dr. BLACKLEY, of Manchester. In a note he remarks how strikingly they corroborate the provings we already possess of the *bisulphide of carbon*; and that the symptoms it induces, so closely resembling many met with in some forms of disease of the brain and spinal cord, render it highly probable that we shall derive valuable help from this drug in the treatment of these often intractable diseases.—EDS. M. H. R.



both wrists. He continued, however, at his work for some weeks longer, but owing to the progressively increasing weakness of his limbs he was at last obliged to desist. The patient now rested for two or three weeks, and during this time made a rapid and, he believes, a complete recovery, and then returned to his old work in the "curing room."

He was, however, not many weeks at work before he felt the old uncomfortable sensation in the hands and feet, while the weakness soon became much greater than it had previously been. He now experienced the greatest difficulty in walking, and could scarcely hold anything in his hands, which, besides being feeble, trembled a good deal, more especially when he attempted to grasp anything.

The senses of sight and hearing remained unaffected, but everything seemed to smell of the vapours of the factory even when he was away from his work, and his food seemed either to be tasteless or to taste only of the gas. The patient loathed the sight of food; he lost a stone in weight, and observed that the wasting of his legs and arms was out of all proportion to that of the rest of his body. On leaving his work in the evening he often walked like a drunken person, and talked a great deal of nonsense. He had at all times a stupid feeling, and his memory failed almost completely, while at night he was restless and his sleep was disturbed by horrid dreams. In the morning he felt thoroughly miserable and depressed, and was glad to get back to his work, as inhaling the gas brought some relief, at first at least, to his feeling of wretchedness. The patient at last got so feeble that he could scarcely walk at all, and for the last four weeks he ceased to go to his work. He, however, got a temporary engagement at a tarpaulin manufactory, but he soon found that he was unable to do the work owing to the weakness of his hands.

*Present Condition.*—The patient is a tall and fairly well nourished man, but the muscular masses of the extremities are considerably wasted, the emaciation being specially marked in the muscles of the legs and those of the forearms. When the forearms are held out horizontally in the prone position the patient experiences considerable difficulty in maintaining the hands extended on the forearms and the fingers at the metacarpo-phalangeal articulations, while the slightest pressure on the backs of the hands overcomes the contractions of the extensors and causes flexion at the wrist. When he grasps any object the hand becomes bent forwards on the forearm, and the greater the effort the patient makes to compress the object the more pronounced does the flexion at the wrist become, thus showing a predominance in the

strength of the flexors over that of the extensors. The triceps muscle is flabby and wasted, and only acts feebly in extending the forearm against resistance. The supinator longus, the flexors of the arm, and the shoulder muscles are comparatively unaffected.

The patient can only extend the small toes very feebly at the metatarso-phalangeal joints, and when he is sitting on a chair with his feet flat on the ground he is unable to raise the ball of either foot. When sitting on a table with the legs pendulous the toes drop so that the backs of the feet are almost in a line with the anterior surfaces of the legs, or only form very obtuse angles with them. On being seated on a chair the patient can with considerable effort extend the leg on the thigh and raise the heel from the ground, but the slightest pressure on the leg, the thigh being supported, causes flexion at the knee-joint. The patient can draw the knees together with considerable force by the action of the adductors of the thighs, but separation of them is only effected in a feeble manner by the abductors. Flexion of the leg on the thigh is performed with great power, but the patient experiences considerable difficulty in attaining the erect posture, having to assist himself with his arms either by holding some article of furniture, or by grasping his thighs and pushing up the trunk as is done in pseudo-hypertrophic paralysis, thus showing that the extensors of the body upon the thighs are feeble.

On standing erect the patient maintains his feet about fourteen inches apart in order to widen his base, and on being got to place them side by side along their inner borders he sways slightly from side to side, and these swaying movements become greater when the eyes are closed, but he can still maintain the erect position, although with manifest effort.

The gait of the patient is the one which has been compared by Charcot to that of a high-stepping horse, and by Schulz to that of a dancing-master. The chief peculiarity of this gait is caused by the fact that the muscles which produce dorsal flexion of the foot are paralysed. Let us suppose that the patient has advanced the right foot and planted it firmly on the ground. The abductors of the right thigh now contract and the line of gravity is transferred to that side, so that it passes through the arch of the right foot, which is now the *active* one. The weight of the body having been removed from the left limb, which is now the *passive* one, the heel is slightly elevated, so that the toes alone rest on the ground, while there is the slightest possible flexion at the knee-joint, and a still less at the hip-joint. In ordinary locomotion a slight dorsal flexion of the foot would now be produced, the toes of the passive foot would thus be raised from the ground and the

limb would swing forwards by its own weight without muscular action. The patient, however, is unable to produce dorsal flexion of the foot, and, consequently, compensatory movements have to be effected in order to clear the toes off the ground. These movements consist of an unusual degree of flexion of the thigh upon the trunk, and of the leg upon the thigh, which causes a shortening in the length of the whole limb. The heel of the passive foot becomes raised from the ground in direct proportion to the elevation of the knee-joint, by the flexion of the thigh on the body, but owing to the paralysis of the anterior muscles of the foot, the toes continue to drop until their further depression is arrested by the anterior ligaments of the ankle-joint. The consequence of the continued dropping of the toes while the heel is being elevated, is that an observer, standing behind the patient, sees more of the sole of the foot at each forward step than in ordinary locomotion, and on standing laterally, notices the drop of the toes and the unusual elevation of the knees with each advancing step.

When the patient is laid in bed the feet assume the position of a double ankle drop. The small toes are hyperextended to a very slight degree at the metatarso-phalangeal joints, and flexed at the phalangeal joints, but the big toe is flexed at both the metatarso-phalangeal and the phalangeal joints. The patient can voluntarily extend, to a slight degree, the small toes at the metatarso-phalangeal joints, and can produce a little eversion of the foot, but he is quite unable to produce dorsal flexion at the ankle joint, extension of the big toe, or inversion of the foot on either side. These observations show that a slight degree of motor power remains in the long extensors of the toes and the peroneal group, but that the extensors of the big toe and the tibialis anticus are completely paralysed. The consequence of this distribution of the paralysis is that the sole of the foot is not only directed backwards towards the plane of the bed, owing to paralysis of the muscles causing dorsal flexion of the foot, but that it also has a slight inclination outwards, or is somewhat everted, because the peroneal muscles have still retained some degree of motor power, while the tibialis anticus is completely paralysed.

The paralysed nerves and muscles react to a moderate strength on the faradic current, and, indeed, it can hardly be said that the faradic contractility is even lowered. The extensors of the toes on the right side give a minimum contraction on cathodal closure to 20 cells and on anodal closure to 15 cells, and on the left on both cathodal and anodal closure to 20 cells Leclanché. In the extensors of the thigh and those of the forearm anodal closing contraction is equal to or greater

than cathodal closing contraction. The reflex of the sole is absent, but the other cutaneous reflexes are normal. The patellar tendon reactions are absent.

The patient complains of a feeling of numbness and tingling in his toes and feet and in the tips of his fingers, but the sensations of pain, touch, and temperature are found to be normal, or nearly so, to objective examination. Pinching of the skin over the external aspects of the legs appears to cause an unusual degree of pain, but there is no undue sensitiveness of the muscles on palpitation. The patient complains that he has no proper taste for his food, but he readily identifies salt and sugar when placed on his tongue. He also says that his smell is blunted, but he recognises camphor when a piece is applied to his nostrils. The sense of hearing is normal.

May 27. The condition of vision was examined by Dr. Little this morning, and he reports as follows: "The patient does not complain of any defect of vision. The acuteness of vision is normal in both eyes, and the fundi are apparently healthy. The perimetric chart of the field of vision for the right eye shows a considerable restriction for all colours. A general examination of the left eye shows that it is similarly affected."

Beyond the muscular wasting, no *trophic* changes are noted. The hands, when warm, are reddish, and are moist and clammy to the touch, but when placed in cold water they immediately assume a livid colour, and become cold, looking just as if they had been frost-bitten, or in the early stage of Reynaud's symmetrical gangrene. The patient lost all sexual desire a few weeks after he began work in the "curing room," and even at the present time he never has any erections. The loss of this function was not preceded by a stage of sexual excitement. No marked psychical symptoms have been observed, although the patient complains very much of loss of memory.

The treatment adopted consisted of rest, good nourishment, massage, and galvanism. A tonic mixture was prescribed, with the view of aiding digestion.

During a residence of a month in the Royal Infirmary the patient improved considerably, but he was still unable to produce dorsal flexion of the feet, and the patellar tendon reactions remained absent. He was now sent to the Convalescent Hospital, at Cheadle, and six weeks afterwards he appeared as an out-patient at the Infirmary, when scarcely a trace of the previous paralysis could be detected. The patellar tendon reactions had reappeared, but were still sluggish, and dorsal flexions of the feet, although capable of being effected, were not produced with normal strength.

The patient soon afterwards disappeared from observation.

CASE II.

P.S., aged 36, was admitted to the Manchester Royal Infirmary, under the care of Dr. Ross, on May 12th, 1886.

*Previous History.*—The patient is of Irish extraction, but he has lived in Pendleton for the last twenty-four years. He is a moulder, and was always engaged at his own trade until work was scarce at the beginning of last winter, and up to that time he enjoyed good health, never being laid up for a day with any kind of illness. The patient has always been well fed and clothed, and although he is not a total abstainer, he has never indulged in alcoholic excess; and was not a heavy smoker. He has been married eight years, and has one child, who is living and healthy. His wife never had miscarriages or still-born children, and there is nothing in his history pointing to syphilis. About nine months ago, being out of work, he obtained employment in an india-rubber factory, and worked in the "curing-room," where he was exposed to fumes supposed to be bisulphide of carbon gas. He worked for three months in this place before he felt any ill effects from the gas, but at the end of this time his appetite completely failed, his food tasted of the gas, and everything about him seemed to smell of it. He soon found himself unable to read, the letters seeming to run into one another. He also became deaf on the left ear, but he thinks his right was not at any time much affected. His lower limbs now felt heavy, and he became so feeble in a short time that he could scarcely walk, and occasionally fell down. About the same time he experienced tingling sensations and numbness of his hands; they also began to tremble, and his grasp was so weak that he could scarcely hold anything. He also experienced similar tingling sensations in the toes, and his feet felt so numb and dead that it seemed to him as if he were treading on something soft instead of on solid ground, and walking, at all times somewhat uncertain, became specially insecure in the dark or on closing his eyes. His sexual appetite failed entirely after working for a few weeks in the "curing-room," and this loss was not preceded by a stage of undue excitement. On putting his hands in cold water they immediately became numb and white as if they were frost-bitten.

It is difficult to ascertain from the patient's description whether he suffered from genuine cramp in the legs or from pains shooting along the course of the nerves, or from both of these disorders. He suffered at least from some kind of pains in the lower extremities which caused him on going to bed to wish for a frequent change of the position of his legs, and greatly disturbed his rest, while the snatches of sleep he

obtained were disturbed by horrid dreams, in which he fancied himself surrounded by cats and other animals. In the morning he got up drowsy and unrefreshed, and suffering from an intense headache, chiefly limited to a spot in the forehead and between the eyes, which lasted with more or less intensity throughout most of the day. He was, indeed, so utterly miserable and mentally depressed on getting up that he wished himself dead, and at the same time had a longing to get back to his work, as he found by experience that the inhalation of the fumes would bring temporary relief to his sufferings. After breathing the gas for a short time his mental depression gave place to a joyous feeling which was but short lived, being replaced in the afternoon by an indescribable feeling of apathy and wretchedness. The patient's memory failed very much, his recollection of recent events being specially defective.

He sometimes found himself talking nonsense while at his work, and he occasionally fancied that he was surrounded by cats, but he does not think that in this respect he was affected to anything like the same degree as some of his fellow workmen. He says that some of the workmen when under the effects of the gas become very loquacious, and at other times talk a great deal of nonsense. One man on coming to his work in the morning told his comrades that he was in Liverpool the previous night, a statement which could not possibly have been true. Another workman, apparently to escape from some imaginary danger, jumped through a window, ran across an open court, and having crept under a joiner's bench, tried to hide by covering himself with shavings. One or two of the workmen have gone quite mad, and have been sent to a lunatic asylum.

*Present Condition.*—When the patient is seated on a chair, with his feet flat on the ground, he is unable to raise his toes off the ground by dorsal flexion of the feet. He has sufficient strength to extend the leg on the thigh, and to raise the heel off the ground, but the slightest pressure on the front of the leg suffices to cause flexion at the knee-joint when the thigh is supported. When the forearms are held out horizontally, the hands being in the prone position, the patient can, with much effort, maintain the hands extended upon the forearms and the fingers extended upon the hands, but the slightest pressure on the backs of the hands causes flexion at the wrists, and on the backs of the fingers flexion at the metacarpo-phalangeal joints. When the patient is laid on his back in bed there is double ankle drop; the big toe is flexed into the sole at both joints, but the small toes are slightly hyperextended at the metatarsal-phalangeal and

flexed at the phalangeal joints. It is, indeed, unnecessary to describe in detail the distribution of the paralysis in the case of P. S., inasmuch as it corresponds in almost every particular to that observed in the case of J. N., just reported, the gait of the former being also so like that of the latter, as to make a separate description superfluous. When the patient stands with his feet approximated, and with closed eyes, he sways from side to side and maintains the erect posture with manifest effort.

The following reactions were obtained in the affected nerves and muscles to electrical examination:—The faradic irritability was diminished in the extensors of the forearm, and in those of the legs and thighs, as well as in the nerves which supply these muscles, but all the nerves and muscles reacted to a moderately strong current.

The following reactions to the galvanic current were obtained:—

Extensors of left forearm—Ca. Sc.=20 cells Leclanché.

„	„	Ca. Oc.=40	„	„
„	„	An. Sc.=15	„	„
„	„	An. Oc.=80	„	„
Extensors of right forearm—	Ca. Sc.=15	„	„	„
„	Ca. Oc.=80	„	„	„
„	An. Sc.=15	„	„	„
„	An. Oc.=80	„	„	„
Extensors of toes: left—	Ca. Sc.=20	„	„	„
„	Ca. Oc.=45	„	„	„
„	An. Sc.=10	„	„	„
„	An. Oc.=85	„	„	„
Extensors of toes: right—	Ca. Sc.=20	„	„	„
„	Ca. Oc.=85	„	„	„
„	An. Sc.=20	„	„	„
„	An. Oc.=80	„	„	„

The patient complained of numbness and tingling of the hands and feet, and there was a slight diminution of the sense of pain, as tested by pricking, and of touch, as tested by separate points, in the outer aspects of both legs and feet, but the temperature did not appear to be affected. The various forms of cutaneous sensibility were found to be normal in the remaining parts of the body. Moderate compression of the affected muscles did not cause pain. On being asked to touch, with closed eyes, his nose, with the tip of his index finger, he touched somewhat wide of the mark at first, but effected the movement accurately with a little practice. The reflex of the sole was absent, but the cremasteric and other cutaneous reflexes appeared to be normal. The patellar-tendon reactions were absent.



The patient is able to distinguish salt, sugar, and quinine, when placed upon the tongue, and he also recognises camphor when applied to his nostrils, but he says that both of these senses are very much blunted, and that everything seems to taste or smell of the gas. He hears the ticking of a watch on the right side when it is two feet from the ear, but not on the left side until contact is made. There is no undue collection of wax in the external meatus, and no discoverable disease in the tympanic membrane or external ear.

During the patient's residence in the infirmary he improved considerably. The patellar-tendon reactions reappeared, but were still sluggish. The extensors of the forearms acquired a considerable degree of motor power, but the muscles which produce dorsal flexion of the feet still remained comparatively paralysed, and the gait of the patient presents the high stepping action which is so characteristic of paralysis of these muscles. After a month's residence in the infirmary the patient was discharged much improved, and an effort made two months later to get him to present himself for examination, especially as to the condition of his vision, proved fruitless. The treatment was the same as in the case of J. N.

The pupils are dilated, but contract readily to light and to accommodation. The patient says that he cannot read because all the letters run into one another. His colour vision is defective; purple he calls white, and is unable to distinguish red from blue.

The patient's hands look as if they were frost-bitten, when dipped in cold water, but besides the wasting of the muscles there are no trophic disorders. No decided psychical disturbances are apparent, although the patient is morose and discontented, and says that his memory is still very defective.

May 27th. The patient was sent to Dr. Little to-day for examination, and the following report of the state of his vision was obtained:—

“Sight failing for about six months. Vision of right eye is equal to 18, and of left to 16 Jaeger. Refraction shows a slight degree of hypermetropia. An ophthalmoscopic examination showed that the right optic disc is distinctly pale but clear, while the left is pale with a faint haze at some points in the margin. The fundus of each eye is healthy in other respects. The field of vision is much contracted in each eye for white and blue, while red and green are absent.”

Having put these cases of paralysis from the inhalation of bisulphide of carbon on record, it is not my intention to enter, at present at least, upon a general consideration of the subject. It will suffice to say that this form of paralysis belongs to the group which is caused by various toxic agents, such as alcohol,

lead, arsenic, and certain animal poisons like that of diphtheria. The tendency of pathologists at present is to regard all the diseases comprised in this group as being caused by a neuritis of the peripheral nerves, and the group has consequently been named progressive multiple neuritis, or *polyneuritis multiplex*. From the resemblance which several of the symptoms of these cases—such as the sensory disorders, the absence of the patellar-tendon reactions, and the gait—bear to those observed in locomotor ataxia, these diseases have also been named *pseudo-tabes*, a term which is badly chosen, and ought on every ground to be rejected. Locomotor ataxia is only exceptionally attended by any paralysis, and the high-stepping gait of progressive multiple neuritis could only be mistaken for the disorderly and thumping gait of ataxia by very careless observers.

The paralysis which results from the prolonged inhalation of bisulphide of carbon resembles alcoholic paralysis more than it does any other form of progressive multiple neuritis. One of the most characteristic features of alcoholic paralysis is, however, an intense hyperæsthesia of the affected muscles, which makes the slightest pressure of them almost insupportable to the patient, and this symptom was entirely absent in the cases just described. The amblyopia and loss of colour vision, which was present in a marked degree in Case II., is absent in alcoholic paralysis, unless it be complicated by tobacco amblyopia.

Inhalation of the fumes of bisulphide of carbon sometimes gives rise to acute symptoms closely resembling those of acute alcoholism. The similarity of the symptoms in the workman described by P. S. as jumping through the window and hiding under the shavings to the symptoms of delirium tremens, is unmistakable.

The truth of many of the statements in the foregoing reports, especially with regard to the mental disturbances, rests only upon the authority of the patients; but the statements of two men patients, who did not work together, are so much in accord with one another, and with the assertions made in the reports of previous cases of the disease, that there is no reason to doubt their substantial accuracy. There can, at any rate, be no doubt that these men suffered from a severe paralysis, which assumed the form that is caused by several toxic agents, and after a considerable experience of the paralysis caused by both alcohol and lead—which are the usual sources of such poisoning in this country—I have no hesitation in saying that the disease from which these men suffered was not caused by either of these agents. If it be true, then, that we have in our midst certain workshops in which the process of manufacture is so deleterious to the health of the workman

that a certain proportion of them is reduced in a few months to the pitiable condition of paralytic helplessness manifested by these two unfortunate men, it is hardly necessary for me to maintain, in the face of all recent factory legislation, that these workshops ought to be placed under the most stringent regulations, and be subject to the frequent visits of a Government inspector.

### DIFFERENCES BETWEEN METALLIC GOLD AND ITS TWO SALTS, THE MURIATE AND THE SULPHATE.\*

By EDUARDO FORNIAS, M.D., Philadelphia.

SOME forty years ago, Dr. Molin, of Paris, pointed out several valuable differences existing between *metallic gold* and its salts, the *muriate* and the *sulphate*, and since his work came to my notice I have employed these drugs successfully, guided by some of his observations.

He found that in *aurum foliatum* and *muriaticum*, *burning* is a predominant symptom, while in *aurum sulphuricum* the *stitching* prevails; that the duration of action in the three preparations is more or less the same (40 and even 50 days), and that the use of one of them does not interfere with the action of the others.

Dr. Molin employed them alternately and for a long time in *mercurial*, *syphilitic* and *uterine affections*, as well as in *gutta rosacea*, with good results: I have verified his assertions in the two former troubles.

The drugs which seem to diminish the action of the *gold preparation* are:

For *aurum fol.*—*Bell.*, *cocc.*, *merc. sol.*, and *solan nig.*

For *aurum mur.*—*Bell.*, *cinnab.* and *cocc.*

For *aurum sulph.*—*China*, *graph.* and *stram.*

Cold, walking and riding in a carriage seem to aggravate the symptoms of *aurum fol.* Conversation and music lessen them.

The aggravation for *aurum mur.* is produced by cold, heat, coffee, tea and wine. Music and riding in a carriage decrease the sufferings.

In *aurum sulph.*, cold, walking, riding in a carriage or

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\* Read before the Homœopathic Medical Society of the State of Pennsylvania, September, 1886.

on horseback, noise, coffee and tea, increase the sufferings, which are only lessened by rest in bed.

*Special Analysis.*

**MIND.**—*Aur. fol.* has impatience, anger and religious exaltation, which are not found in the others. Only *aur. mur.* has alternation of mirth and sadness.

**HEAD.**—*Aur. fol.* has an eruption of white vesicles on the scalp; *aur. sulph.*, burning and itching in the head, but no eruption. Only *aur. fol.* has *hemicrania* with nausea, pain in the stomach and even vomiting. In *aur. mur.* and *aur. sulph.* we find the swaying of the head, which does not occur in *aur. fol.* Only *aur. sulph.* produces *falling of the hair*.

**EYES.**—*Aur. fol.* is the only one that has beating and stitches in the internal angles of the eyes, and also the only preparation of gold which has proved beneficial in *lachrymal abscess*. Lachrymation occurs in *aur. fol.* and *aur. mur.*, but not in *aur. sulph.*, which only exhibits pulsation in the eyes and a great sensibility to light.

**NOSE.**—In *aur. fol.* and *aur. mur.* the *coryza* is fluent; (thick and offensive in the muriate). In *aur. sulph.*, on the contrary, it is dry, and it is the only one that has small *furfuraceous herpes* on the nose.

**MOUTH.**—Paleness of the tongue and gums is only found in *aur. sulph.*, which has proved to be the most useful in *chlorosis*. It is likewise the sole preparation of gold whose symptoms point to *prosopalgia*.

**FACE.**—The symptoms of the face are nearly the same in *aur. fol.* and *aur. sulph.*, but are *nil* in *aur. mur.*

**THROAT.**—The swelling of the cervical glands given in *aur. fol.* has been verified by Dr. Molin only in *aur. mur.*

**STOMACH.**—The eructations are watery in *aur. fol.*, putrid in *aur. mur.*, and have the taste of food in *aur. sulph.* *Aur. fol.* and *aur. sulph.* have frequent hiccough, while *aur. mur.* has continuous yawning, a symptom not found in the two former remedies.

**ABDOMEN.**—*Aur. fol.* is the only one which has heat, painful dryness, a feeling of scraping in the groins and weight in the pubes. *Aur. mur.*, redness of the umbilicus with heat, itching and smarting, as well as an eruption of red pimples above the pubes. *Aur. sulph.*, a sensation as if a ball were rolling in the abdomen, and lacerating pains.

STOOLS.—*Aur. fol.* has *diarrhœa* during the day or at night, with stools sometimes green, sometimes gray. *Aur. mur.*, *diarrhœa*, principally at night, with whitish-gray stools. *Aur. sulph.*, constipation; *aur. fol.* and *aur. mur.*, *hæmorrhoids* and flowing of blood at stool.

URINE.—*Painful micturition* and diminished urine are found in *aur. fol.* and *aur. mur.* *Incontinence* of urine at night, belongs to *aur. sulph.* (Dr. Molin reports the case of a young lady, 22 years of age, of marked lymphatic temperament, suffering from incontinence and complaining at the same time of glandular swellings, chronic inflammation of the nose, with redness, tumefaction, sensibility to touch and the constant formation of crusts in the nostrils, who, after many allopathic and homœopathic remedies, was radically cured by *aur. sulph.* He was led to its use by the combined state of the nose and bladder.)

SEXUAL ORGANS.—In *aur. fol.* the *leucorrhœa* is thick and white. In *aur. mur.* and *aur. sulph.*, it is yellow and flows principally in the morning. It is clear in the former and thick in the latter. *Aur. fol.* produces *delayed menstruation*, which does not happen with *aur. mur.*, and only irregularly with *aur. sulph.* *Aur. mur.* is the only one that produces large red pimples on the labia majora a few days before menstruation. The *painful tumefaction of the testicles* has only been observed under *aur. mur.* and *aur. sulph.* *Too short erections, with a strong desire for coitus and inability to satisfy it*, belong to *aur. sulph.*

LARYNX.—The cough in *aur. fol.* is dry, with various gradations (little or no expectoration). In *aur. mur.* it is moist, with yellow, thick, abundant expectoration, sometimes blood-streaked. In *aur. sulph.* the same character of cough and the same yellow expectoration, but occasionally some pure blood. The voice is somewhat husky in *aur. mur.* (also in *aur. fol.*) but very much so in *aur. sulph.* (Note, Dr. Molin thinks that many symptoms ascribed to *aur. fol.* belong really to *aur. mur.*)

CHEST.—In *aur. fol.* the chest and heart symptoms are very numerous and well marked. It is the only one that has palpitation while lying on the back (or when riding or walking). In *aur. mur.* and *aur. sulph.* there are nightly spells of suffocation, which do not occur in *aur. fol.* (?)

TRUNK.—*Aur. fol.* and *aur. sulph.* have painful parotids and a kind of *torticollis*. *Aur. sulph.* has swelling and sensitiveness of the *mammæ* to touch, as well as fissured nipples, with stitching, smarting and itching. In this salt of gold are also found many interesting symptoms referable to the spine.

EXTREMITIES.—The symptoms of the upper and lower extremities not only prove the usefulness of these three preparations in *mercurial affections* and *gout*, but they suggest their applicability to *rheumatic* troubles. (Dr. Molin has used them with good results in *chronic rheumatism*). This is particularly the case with *aur. mur.*, which presents most markedly the symptoms of the lower extremities. Two interesting symptoms belonging to *aur. sulph.* are the staggering with a kind of uncertainty in the lower limbs and a feeling of numbness in the feet. (Dr. Molin has found it useful in some cases of *myelitis*.)

It is also worth remarking here how evident in *aur. sulph.* is the double action of its two components.

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## REVIEWS.

*The Revolution in Medicine: Being the Seventh Hahnemann Oration, delivered October 5th, 1886, at the London Homœopathic Hospital.* By JOHN H. CLARKE, M.D. London: Keene & Ashwell, 74, New Bond Street. 1886.

To keep alive the memory of those who once paced our earth as intellectual giants among their contemporaries, of those whose genius and industry have been consecrated to benefiting their kind, whose influence has moulded science and invigorated art, is but an act of simple gratitude. When, however, we are called upon to remember one to whom we are not only greatly indebted, but one who, to ensure the advantages he brought to us, endured, by reason of doing so, many years of bitter persecution, whose reputation has, in order to prevent the diffusion and appreciation of these advantages, been defiled in the most atrocious manner by those who refuse to study his work—those who have a direct interest in preventing its being generally known—to the pleasure of expressing our gratitude is added the duty of so doing. It is incumbent upon us not only to endeavour to make homœopathy known, to seek to persuade our medical brethren to investigate it, but to see to it that the claim of Hahnemann to having originated and worked it out as a practical thera-

pentic method, to having "substantiated and carried out his doctrines into actual and most extensive practice," is not only not lost sight of but kept constantly in the foreground of our discussions. To effect this important purpose, to assist us in fulfilling this positive duty, the institution of the Annual Hahnemann Oration has rendered good service. On seven occasions now have the life and doctrines of Hahnemann been regarded from one point of view or another at the opening of the *Annus Medicus* of the London Schools of Medicine.

On the last of these Dr. Clarke delivered the address which is now before us. We have read it with deep interest, as we are sure every one will do who will put himself in possession of it. It is an essay which might well be used for lending to anyone who is sceptical of Hahnemann's real grandeur as a man, a physician and a scientific observer. The picture drawn of him by Dr. Clarke under each aspect is a striking and an eloquent, and, what is still more important, a true one.

Dr. Clarke commences by describing the art of medicine in 1786 as lying "wrapped in cimmerian darkness"—a darkness to the reign of which Hahnemann was born to put an end. The story of his life, the difficulties with which he had to contend, and the actual results he accomplished are told with a freshness and a vigour that cannot fail to carry the reader from the first page to the last without a halt. As illustrative of Dr. Clarke's style we will give but two extracts, feeling assured that they will excite an appetite for more, which must not be gratified here.

"Hahnemann," writes Dr. Clarke, "ere he left Leipsic, had already made his work's foundation sure, and had rendered impregnable the house of his fame. Thirty-three years had passed since we first found him at Dresden. The storm of the French Revolution had burst and had passed. Napoleon had had his day, and had fallen from his high estate. Amidst all the political turmoil of his time, and the storms of his own life, Hahnemann had accomplished a work which was destined to bring about a revolution fraught with the happiest consequences, not to Europe only, but to the whole civilised world."

In dwelling on Hahnemann's real greatness, Dr. Clarke says :—

"Some there are who cannot see a hero even when placed fairly before their eyes. Their insect range of vision is so narrow and so low that they see nothing clearly that is much greater than themselves; and their minds are so much in subjection to their eyes that they will not believe in anything they cannot see. But these are not the men to measure



Hahnemann. His fame lives not in their breath. His fame has firm foundations ; it is sure as the everlasting hills. It may be hidden from little minds by the little reputations of to-day, as the snowy peak of some sky-piercing giant may be hidden from view by hillocks close at hand ; but, as when distance levels meaner heights the monarch of the range towers over all the scene, so as years roll on will the name and fame of Hahnemann tower over the plains of history, when the little reputations of to-day shall have mingled indistinguishably with the common dust."

We trust that *The Revolution in Medicine* will meet with a large circle of readers ; no one who takes it up will finish it without having been both edified and gratified.

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*Transactions of the International Homœopathic Convention, held in Basle, August, 1886.* London: E. Gould & Son, 59, Moorgate Street, E.C.

THIS record of the work done at the Third International Homœopathic Convention has been issued, with very creditable promptitude, under the editorial supervision of the permanent secretary, Dr. Hughes.

In the record of the papers and discussions which appeared in our pages last year we were unable to do more than give very brief notes of the papers themselves. Here they are published *in extenso*. The papers by Dr. Dudgeon, Dr. Imbert-Gourbeyre, Dr. Hansen, Dr. Schmitz, Dr. Ozanam, Dr. Kafka, jun., and Dr. Bonino are given in French ; the reports of the progress of homœopathy in Russia, by Dr. Bojanus, and in Austria and Germany, by Dr. Kafka, jun., are in German ; those of Belgium, by Dr. Schmitz, of Denmark, by Dr. Hansen, and of France by Dr. Leon V. Simon, in French.

The volume also includes the sectional papers on *Hygiene*, by Dr. Roth, and on *Pharmacy*, by Mr. Wyborn.

Each of these papers will well repay a careful study, which will be materially assisted, and, certainly, rendered more interesting by the discussion to which each gave rise.

Once more we offer our hearty thanks to Dr. Hughes for having rendered the Convention possible, notwithstanding the incapacity and indifference which at one time threatened its consummation ; and now, more especially, for having completed the work he so gallantly took in hand by placing before us its very useful results—results which thus become available for the study of those who were, from whatever cause, prevented from gathering them on the spot. To those who were present this volume will be a memorial they would not willingly be without of one of the pleasantest medical meetings they ever took a part in.

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NOTABILIA.

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## LONDON HOMŒOPATHIC HOSPITAL.

Mr. C. KNOX SHAW, of Hastings, has been appointed ophthalmic surgeon to this hospital *vice* Dr. Moir, who having taken charge of beds in the medical department, has resigned the care of the ophthalmic ward, where he has rendered valuable service to the institution during the last three years. Mr. Shaw is well known in Hastings and along the South coast as an operating surgeon of considerable ability, while as ophthalmic surgeon to the Buchanan Hospital he has enjoyed a wide experience in this department of surgery, one which he has diligently and successfully cultivated.

Dr. J. Robertson Day has been appointed an assistant-physician, and sees out-patients on Wednesdays and Saturdays, at 3 p.m.

Among recent benefactions we learn that the late Mr. George Fielder, who had been for many years a generous supporter of the hospital, has left to it the reversion of £500; Colonel Clifton Brown has presented a "Jubilee Donation" of £50 to the Institution; and Mrs. Moir Byres has, for a limited period, endowed an adult bed in the Quin Ward, in memory of the late Dr. A. P. Torry Anderson.

The latest report of patients treated in the wards since January 1st, 1886, shows 507 dismissed, including cases of acute rheumatism, bronchitis, pneumonia, erysipelas, typhoid fever, diphtheria, Bright's disease, peritonitis, etc., of whom 260 were cured, 134 much improved, 33 improved, 31 died and 49 unimproved. The number of out-patients, during the same period, has been 8,309.

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THE FINE ART DISTRIBUTION AT THE LONDON  
HOMŒOPATHIC HOSPITAL.

THE collection of pictures and other works of art, of which we gave an account in our December number, were distributed to the subscribers on the evening of Thursday, the 30th of that month, in the Board-room of the hospital. The drawing was effected by two of the inmates of the Children's Ward, under the direction of Messrs. Francis Bennoch and W. H. Trapmann, members of the Board, who had been appointed to act as scrutineers. In addition to the many valuable prizes offered—estimated to be worth in the aggregate £1,000—Mr. Cross had the good fortune to secure a number of artistic etchings as consolation prizes.

After the payment of all expenses the net result to the hospital is an increase of £500 in its funds. This addition to

the resources of the Institution will enable the Board to commence the utilisation of the Bayes' Ward during the present winter. We understand that the subscribers will be invited to a formal opening when the necessary arrangements are completed.

## BIRMINGHAM AND MIDLAND COUNTIES HOMŒOPATHIC HOSPITAL.

At the annual meeting of this Institution, held in 1884, a committee was appointed to canvass the town for subscriptions in order to pay off the debt, amounting to nearly five thousand pounds. This committee has now concluded its work, and having done so has presented the following most gratifying report to the general committee:—

“The canvassing committee present to the general committee the following report of their work since the date of their appointment, in the early part of the year 1884, and of the satisfactory result of their efforts.

“At the beginning of 1884, the debt upon the hospital for building and current account was £4,902, which increased by accumulation of interest and excess of annual expenditure over income, until it stood, on December 31, 1885, at £5,342. Your committee set themselves the task of raising the sum of £5,000, and have very great satisfaction in being able to report that, by the generous response of the many friends of the hospital, the total sum that has been collected amounts to £5,187, or nearly £200 beyond their utmost anticipations.

“The amount raised by donations has been £4,079

“The bazaar and dramatic performance in  
May last, realised a surplus of ... .. 968

“And there remains to be received, special  
donations paid to Hospital Sunday Col-  
lection, 1886 ... .. 140.

“Making a total of donations ... .. £5,187

“The committee, now that the especial object of their existence is practically attained, namely, the extinction of the debt upon the hospital, are of opinion that they may now be dissolved, leaving with confidence in the hands of the special committee now existing for the purpose the care of the finances of the hospital, and in the hope that in future each year's expenditure may be met by its adequate income.

“J. GIBBS BLAKE, Chairman.

“SAMUEL SOLOMON, Hon. Sec.”

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On Wednesday evening the usual Christmas treat was given to the inmates of this Institution, when the children who had passed through the wards during the past year were also invited, and took part in the proceedings. After tea, games were kept up, and the Christmas tree, which was profusely decorated and laden with suitable presents, formed a source of great attraction and delight, especially to the little ones, who numbered about fifty. The evening's amusements, including recitations, were brought to a close by a Punch-and-Judy Show, which old and young thoroughly enjoyed. The arrangements were made under the superintendence of Dr. Wingfield (House Surgeon) and Miss Seavill (the Lady Superintendent), and were such as to ensure the utmost comfort to the guests, and gave real pleasure to all concerned.

#### THE MELBOURNE HOMŒOPATHIC HOSPITAL.

THE Eighteenth Annual Report of this Institution has recently reached us.

In presenting it the governors remark that the year which it traverses is perhaps the most important one in the annals of the Institution, seeing that it marks their entering on the occupation of a large and commodious building, with all the comforts and modern appliances for the relief of suffering humanity, and they point to it with pride as evidence of the great progress homœopathy has made in the Southern hemisphere.

During the year ending 30th June last, the numbers of patients who have obtained the benefits of the Institution are as follow :—In-patients, 276 (138 males, 148 females); out-patients, 1,385, whose visits amounted to 6,069; the prescriptions dispensed for both in and out-patients numbered 8,262. The records show that of the in-patients, 206 were discharged cured or relieved, 23 were discharged as incurable, and 14 died, leaving 33 in the hospital at the end of the year.

The Board is pleased to state that the patients, both in and out, evince the gratitude they feel for the benefits of the charity by contributing at various times small sums towards the funds of the Institution; and is also pleased to note that the total amount for the past year exceeds former years as the following table will show :—1882-3, £198 1s. 8d.; 1883-4, £271 18s.; 1884-5, £284 2s. 5d.; 1885-6, £370 12s. 7d.

In the last annual report mention was made that C Smith, Esq., M.L.A. (Vice-President), had offered to subscribe £100 for the Furnishing Fund, on condition that a further sum of £500 were contributed on behalf of the same fund by

the public. The condition having been complied with, the sum promised was liberally forwarded, and the Board now desire thankfully to acknowledge both these amounts.

On the question of the Government grant for the year 1885-6 the report states that the Board felt that the increased importance of the new Institution, as compared with the old, had not been taken into consideration, and after compiling various statistics, showing clearly the position of the two Institutions, requested the Hon. the Treasurer to receive a deputation, that the matter might be fully explained and put before him, which having been satisfactorily done, he willingly placed a further sum of £200 at the disposal of the management, and also promised that he would favourably consider an increased grant in the next financial year.

We also notice with much pleasure that a training school for nurses, which was opened with the inauguration of the new building, has proved a thorough success.

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#### HAHNEMANN.

On Monday, the 10th ult., at the invitation of the President and Council of the Leicester Literary and Philosophical Society, Dr. POPE, of Tunbridge Wells, delivered a lecture before the members of that Society on the *Life and Work of Hahnemann*. About a hundred and fifty members were present. The President, the Rev. J. P. Hopps, in introducing the lecturer, said that the present time was one in which many men, whose career and character had been defamed and misunderstood, were being vindicated. Of these Hahnemann was one; and, from the knowledge he had of his teaching, he felt sure that Dr. Pope would be able to show him to them in a widely different light from that in which he had been regarded in the past.

In the opening portion of his address, Dr. Pope briefly sketched the principal events in Hahnemann's life, from his birth until he relinquished practice in 1790, and settled in Leipsic to devote himself to scientific and literary pursuits. He then dwelt on the causes which led Hahnemann to abandon the pursuit of medicine as a profession, and described the line of research which culminated in the essay on *A New Principle for Ascertaining the Curative Powers of Drugs*, published in Hufeland's *Journal* in 1796. He then traced his career during the following fourteen years, until he again settled in Leipsic, and became a *Privat Docent* of the University, pointing out the doctrines he desired to teach, and showing that the views he then advocated constituted what was and still is understood by the word homoeopathy. Here he took occasion to point out the

character of the opposition homœopathy had met with, tracing it in the first instance to the abandonment of blood-letting by Hahnemann. The circumstances that led to his expulsion from Leipsic, his residence and work at Cöthen, and his removal to and death at Paris were then detailed.

Dr. Pope next dwelt on the learning and scientific acquirements of Hahnemann, showing that, while his position as a scholar and scientific investigator were unquestioned by his contemporaries, there were those now who, either ignorantly or designedly, imposed upon the public by declaring him to have been an ignoramus. Hahnemann's genius was shown by his capacity to see errors in doctrine and worse than defects in practice, which are now universally admitted to have been both; by his recognition of all, or nearly all, that we now understand by hygiene, at a time when preventive medicines had never been thought of by other physicians; by his perception, not only that the study of the physiological action of drugs was the real method of understanding their action as remedies, but of the necessity of establishing some distinct connection between the artificial or drug disease and the natural disease these drugs were to cure—a connection which the leading investigators of pharmacological science even now were ignorant of, were still searching for, and for lack of which pharmacological enquiries were still barren and unfruitful. And yet, with such abundant evidence of his true genius, Hahnemann was still declared by nine-tenths of the medical profession in this country to have been nought but a charlatan. He then spoke of Hahnemann's patience in enquiry and industry in research, notwithstanding which the weekly medical press still held him up to scorn as an impostor. Dr. Pope next referred to the attacks made by Hahnemann on the medical treatment of the time, and also upon the motives actuating his fellow physicians in adhering to it. The former he described as justifiable, and the latter, in view of the outrageous persecution to which he was subjected, to have been perfectly excusable. This led him to allude to the virulent opposition professional jealousy had meted out to medical men who had adopted Hahnemann's teaching—an opposition they had done nothing to provoke. He then pointed out that some of the more thoughtful and experienced physicians in Germany, and also in England, who differed from Hahnemann in his views of the scientific basis of therapeutics, had left on record a very high opinion both of his character and work. After quoting several German authorities, he read an extract from Sir John Forbes' well-known article, in which Sir John described him as a "man of genius and a scholar," and his system as one that

was "destined to be the remote if not the immediate cause of more important fundamental changes in the practice of the healing art than any promulgated since the days of Galen." This prediction, Dr. Pope proceeded to show, was in course of fulfilment. It was seen to be so by the increasing numbers in which medical men in Europe, and especially in the United States of America, were openly adopting Hahnemann's teaching, and still more by the silent and unacknowledged adoption of remedies in certain forms of disease, remedies which had become known to be such in these cases only through homœopathy. He concluded by declaring emphatically that it was impossible, in the very nature of things, that such tactics as these could very much longer obscure the light of homœopathy. That physicians would enquire how all these remedies had been discovered; that they would insist on a full reply; and that this reply, once generally known, would lead to the complete fulfilment of Sir John Forbes' prediction, to the vindication of the memory of Hahnemann and to the teaching of his doctrines in all our medical schools.

At the conclusion of the lecture, the President appealed for questions on the subject which had been discussed. On no one responding, the thanks of the audience were offered to the lecturer, and the meeting terminated.

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#### THE UNIVERSITY OF ABERDEEN.

WE have heard with much satisfaction that Dr. THEODORE CASH, a brother of our colleague, Dr. Midgley Cash, of Torquay, and for several years past the chief assistant of Dr. Lauder Brunton, has been appointed to the chair of *Materia Medica* at Aberdeen. We trust that he will bring to the knowledge of the students of the University the physiological action of such medicines as *apis mellifica*, and give them some reason for expecting it to cure sore throats and tonsillitis, as his recent chief tells everyone, in the *Index of Diseases and Remedies*, that it will do. If Dr. Cash does his duty as a teacher of *Materia Medica*, conscientiously and thoroughly—if he will teach, not only facts, but the principles which, he well knows, led up to the facts, regardless of the ignorance and prejudices of his colleagues respecting them—then, with the single exception of Dr. Hughes, of Brighton, no better appointment could well have been made to this important post than that which has been made.

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#### THE LANCET ON HOMŒOPATHY.

WE have heard with much pleasure that the circulation of Dr. J. Davey Hayward's prize essay on *Medical Treatment* has



resulted in numerous enquiries for further information regarding homœopathy, and for books illustrating the practice thereof.

*The Lancet* of the 22nd ult. publishes an anonymous letter, signed "A Baffled Inquirer." The writer states that he visited the hospital in Great Ormond Street, where he was treated with every courtesy by the medical officers, and allowed to accompany the physicians in their somewhat rapid rounds, but he was, he says, not permitted to assist in taking notes and examining patients. Jahr's *Materia Medica* he looked at in the British Museum, and what he terms "the absurdities" in it convinced him that homœopaths must be satisfied with very little evidence, and he has since become sceptical when told of the wonderful cures they effect.

If this gentleman, instead of being satisfied with reading what to him appeared absurd, had applied the test of clinical experience to what he read, rather than that of *à priori* judgment, we have no doubt but that he would have seen some of those wonderful cures of the existence of which he is now sceptical.

Another correspondent, who gives his name, but whose letter is merely referred to in an editorial note—Mr. A. G. Bateman, M.B.—appears to have said that Drs. Ringer and Brunton have done a great deal to break down the barrier between homœopathy and allopathy, and to ask for a calmer and juster examination of both systems, and for a discontinuance of what he calls boycotting the homœopaths.

In the note, the editor states that the idea of the Prize Essay is, that there "is a conspiracy in the minds of men of medical science to shut their eyes to the discovery of Hahnemann." This is termed "an admission of failure and almost of despair." It is nothing of the kind. In the first place, the idea underlying the whole pamphlet is, that homœopathy has been so abundantly demonstrated, both directly and indirectly, to be the scientific basis of therapeutics, that it is the bounden duty of every medical man to investigate its method by the only test which is applicable to it—the clinical test. That there is a conspiracy against the study of homœopathy is amply attested by the exclusion of all medical men who avow their faith in homœopathy from medical societies; by refusing their contributions to medical art a place in the medical journals of the day; by denying them the ordinary courtesies of professional life; and by perpetually slandering them and mis-representing their teaching and practice whenever opportunity offers. That there is no other "instance of all the scientific men in Europe resisting a true discovery for nearly a hundred years" we so far admit;

but "all" the scientific men in Europe have not resisted homœopathy. A very considerable number of thoroughly scientific men have acknowledged its truth. But were it otherwise, the experience of those who have tested homœopathy proves that those who have resisted it have been in error. If there is no other instance of scientific men rejecting a scientific fact for a hundred years, so much the greater is the reflection upon those who have resisted homœopathy.

We are then informed that we "boycot" ourselves! All we have to do to ensure a discontinuance of this boycotting is, we are told, "to drop" our "distinctive appellation;" cease to believe that there is something in the human mind especially inimical to us; "liberate" our "own minds from the fetters of a fantastic notion, which," the editor politely adds, we "are pleased to call a 'law;' and recognise the general drift of medical science and art," and then we are assured that we shall find "no unfriendly feeling" towards us!

The "distinctive appellation"—the word homœopathy—is a terribly sore point with people of the type of the editor of *The Lancet*! That word represents a therapeutic doctrine which the editor of *The Lancet* and his predecessors for the last fifty years have vainly endeavoured to stamp out—a doctrine which they have incessantly declared to be untrue, absurd and so on; and yet, notwithstanding all this, it represents a doctrine from the practice of which a large portion of the most useful therapeutic teaching of the time has been derived. This is becoming more and more generally admitted, and as it does so the "distinctive appellation" naturally enough becomes proportionally hated by those who have constantly denounced it as representing a fraud. We do not think, and never have thought, that there is "something in the human mind specially inimical" to us. It is only human minds capable of giving expression to such utter rubbish regarding homœopathy as we constantly meet with in *The Lancet*, that are specially inimical to us. We are to admit that the law of "similars" is a "fantastic notion"—that very law the practice of which has contributed so largely to all that is useful to a practising physician in Ringer's, Bartholow's, and Brunton's books! The "general drift of medical science and art" we do most distinctly recognise—and that it is towards the vindication of that law as the basis of therapeutic science and the guide of therapeutic art, no one who understands what homœopathy is theoretically and practically, and is at the same time familiar with the general progress of therapeutics, can doubt for one moment.

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THERAPEUTIC SCIENCE A THERAPEUTIC ART.

In the *British Medical Journal* of the 15th ult. is a "Therapeutic Memorandum," by Mr. Gerard Smith, dated from Upper Clapton, to the effect that he had witnessed "the striking curative action of *pulsatilla* in orchitis." We have accidentally heard that the "memorandum" sent by Mr. Smith underwent a process of editorial mutilation before it was permitted to reach the eyes of the readers of the *Journal*! In the excised portion of his communication, we are told, that he pointed out the rationality of administering for the cure of an inflamed organ a medicine which acted specifically upon that organ, one which, as it would produce in healthy persons a dilatation of the capillaries, might be expected to relieve blood stasis. He also suggested that the fact that there were many drugs which did influence tissues in this way, was one worthy of further investigation.

Why all this should be omitted is perfectly clear. The members of the Association of which the *Journal* is the representative, are so far, at any rate, only empirics—empirics, that is in what is termed "the best sense" of the word—they are not educated sufficiently to appreciate the scientific bearing of the fact implied in the rejected portion of Mr. Smith's communication. How long a time must elapse before they are so it is not within our province to predict. But such a time must and will come. The editor of the *British Medical Journal* may delay it by keeping his *clientèle* in ignorance, but he cannot prevent the real knowledge oozing out. The day is not far distant when attempts such as this to obscure the light of true therapeutic science, and the consequent injury done to therapeutic art, will recoil upon the heads of those who are responsible for putting the drag on the chariot wheel of all that is good and useful in practical medicine.

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## BEE-STING POISON.

THOSE who have been stung by bees may be curious to know what bee poison is. We are informed by Mr. Frank R. Cheshire, F.L.S., F.R.M.S., in his work on *Bees and Bee-Keeping*, "that its active principle seems to be formic acid, probably associated with some other toxic agent." Formic acid takes its name from the *Formica rufa*, or red ant, which used to be distilled to produce it. It is highly corrosive, and a little drop on the hand will produce a sore; so, as may be easily imagined, it is a very formidable agent when injected beneath the skin. Its corrosive effect is greatly increased with its temperature, and when heated to the boiling-point it will reduce even salts of silver, mercury, and gold. The idea

that a bee invariably dies after stinging is, to a certain extent, a vulgar error, for the same authority informs us that "it will, if allowed time, generally carry its sting away by travelling round upon the wound, giving the instrument a screw movement until it is free"; but it is, however, very rarely that the bee is allowed time to travel round, and consequently "she loses not only the sting and the venom gland and sac, but also the lower portion of the bowel, so that her death follows in an hour or two." The queen bee has a sting, a very sharp one, and so hard that it will turn the edge of the finest razor, "but never does she in human hands inflict a puncture." Its use, therefore, if this be true, would seem to be obscure."—*Burgoyne's Magazine of Pharmacy, Chemistry, &c.*

#### THE PHYSIOLOGICAL ACTION OF A MAGNET.

M. BABINSKY, in a paper recently read at the Paris Biological Society, stated that by means of a magnet certain hysterical symptoms may be transferred from one person to another, even at some distance. In a first series of experiments upon two hystero-epileptic patients, capable of being hypnotised, the hemi-anæsthesia from which they suffered was transmitted from one to the other, as well as other symptoms produced in the patients by suggesting different forms of paralysis, brachial or crural, monoplegia, hemiplegia, paraplegia, coxalgia, or dumbness. In a second series of experiments, one of the above-mentioned patients was placed in communication with others suffering from different forms of hysterical paralysis. Then symptoms were transmitted to the hypnotised patient, whilst still continuing in the original subjects. After two consecutive experiments, an improvement was observed in one case of spontaneous paralysis. In a case of hemiplegia, M. Babinsky succeeded in causing the disappearance of paralysis, after four consecutive experiments of the kind above described. A method of treatment is thus suggested. The author has proved, by other experiments, that hysterical symptoms are not the only ones capable of transmission. He succeeded in transmitting other symptoms, such as paralysis, tremors, &c., combined with organic changes of the nervous system. In these experiments, made in Dr. Charcot's ward at the Salpêtrière, suggestion or simulation was carefully avoided.—*British Medical Journal.*

#### TARTAR.

THE situations upon which deposits of tartar are found upon the teeth are, in order of frequency, the lingual aspect of the inferior incisors—that is, opposite the openings of the ducts of

the submaxillary and sublingual glands, the buccal surfaces of the upper molars which face the orifices of Steno's duct, next the buccal surface of the lower molars, and sometimes the lingual surface of the molars of both jaws. The deposit is never found upon the lingual aspect of the upper incisors, which are not bathed with saliva, and, moreover, are constantly being swept by the tongue. It is capable of being formed in great abundance, especially when from any cause, such as a carious tooth, one side of the mouth only is used for mastication. Tartar is composed chiefly of earthy phosphates and carbonates, with which is mingled a certain proportion of organic matter, epithelial scales, fatty particles, filiform fungi, vibrios, and monas. The relative proportion of phosphates or carbonates varies very considerably in different analyses, and this is due to the material being taken from different parts of the mouth. Thus, if from the buccal surface of an upper molar, it will be richest in carbonates, like the parotid saliva; whereas, when taken from the back of the lower incisors, it contains an excess of phosphates. Tartar is simply a deposition by precipitation of the salts held in solution in the saliva, which is brought about by its contact with air or mucus. The quantity of tartar varies largely in different subjects, for some salivas contain a small proportion of salts, and therefore the deposit is small; also if the precipitate meets with an acid—such as is so frequently found round the necks of the teeth and due to fermentation—sufficient to neutralise it, it will be re-dissolved. Thus the presence or absence of tartar has a clinical significance. If it is very abundant it indicates an alkaline reaction both of the saliva and of the parts around the teeth, and a consequent immunity from caries; but if allowed to accumulate, it produces gingivitis by simple traumatic irritation. In some very rare cases it is entirely absent, owing to an acid reaction in the mouth, which leads to the most disastrous ravages upon the teeth. Between these two extremes there is every mean. The gingivitis due to tartar varies according to the quantity deposited; in a mild case there will be merely a line of redness along the free border of the gum; in a more severe case the roots of the teeth will be stripped of gum and its place taken by tartar; the gum will be festooned, have a fungating appearance, and bleed at the slightest touch; the teeth will loosen and change their position, owing to the inflammation having extended to the alveolo-dental membrane and the absorption of the alveolus. The treatment consists essentially in a vigorous use of the tooth-brush and the periodical removal of the incrustation. Any tooth-powder or preparation which will remove it must be acid, and therefore very

deleterious to the teeth themselves. Mr. Bland Sutton has found accumulations of tartar upon the teeth of monkeys, kangaroos, and lemurs at the Gardens of the Zoological Society, where it is an occasional cause of death from septic pneumonia. These deposits are almost invariably found in association with a carious tooth or necrosed bone.—*The Lancet*.

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### CREMATION.

MISS KATE FIELD tells the following, illustrative of one of the benefits of cremation:—A lady, visiting some friends, neglected to bring her tooth powder. Looking about her bed chamber, she noticed an elegant vase. On removing the cover, she found a grayish, calcareous powder. This she regarded as a dentifrice, and proceeded to avail herself of the discovery, finding it very satisfactory. The next day she mentioned the fact to her hostess, apologising for making free with her tooth powder. The countenances of the family expressed various emotions, which at last found vent in the gasp of one of the daughters: "Why, that's aunty." Thus, as a tooth powder, the ashes of the cremated are a success.—*American Lancet*.

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### BRITISH HOMŒOPATHIC SOCIETY.

At the meeting of this Society on Thursday evening, a paper on *Diphtheria* will be read by Dr. Neild, of Tunbridge Wells. As Dr. Neild had when practising in Devonshire considerable opportunities for observing cases of this disease, a thoroughly practical paper may be looked forward to, and we trust that a useful discussion will follow.

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### NEW PREPARATIONS.

The "Lion" Beef Essence. EDGE BROS., Farringdon Road. This is, beyond compare, the most perfect form of beef essence we have yet seen. It is sold in glasses instead of in tins, and one can thus see how beautifully clear it is. A most important point in its favour is that it has almost none—we might say none—of that burnt taste which so many similar preparations have. For invalids this is a great matter. We have used it largely, and those who have had it will afterwards take no other than the "Lion" Essence. We can confidently recommend it.

## CORRESPONDENCE.

## NOISES IN THE EARS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Dr. Proctor returns to the subject of noises in the ears, and laments how very disconcerting it is to find authorities to whom one looks for guidance expressing themselves in "this diametrically opposite manner." In this respect I heartily sympathise with him, and am sorry to have to tell him that if he looks into the literature of the subject he will find many very opposite statements. The conviction I hold as to the importance of the changes in the vascular system in the production of tinnitus is derived simply and solely from clinical experience, and I am proud to find my theory supported in a much more authoritative work than that of Foster's *Physiology*, namely, that of Landers and Stirling, p. 1076.

I have never uttered a word that could be construed into supposing I "excluded the auditory nerve from any possible share in the production of noises in the head," as Dr. Proctor accuses me of doing; on the contrary, I stated that it was engaged in registering abnormal noises, and that without its agency there could not be, inferentially, the sensation of tinnitus. Dr. Proctor does not seem to understand the difference between a nerve *originating* a noise from disease of its own trunk and its being one of the agents in the production of a noise.

I cannot myself conceive of noises being experienced independently of the auditory nerve, and when Dr. Foster states that "sensations of sound may rise in the brain itself without any vibrations whatever falling on the labyrinth," I honestly confess to failing to understand him. If in the brain, why not in the knee or other part of the body?

A noise, I take it, must originate from vibrations conveyed through the nerve trunk to the brain, and it is to me difficult of comprehension how this can be effected without any vibrations whatever falling on (extending to?) the labyrinth." With all deference to Dr. Foster, the meaning of his words is not very clear. Perhaps Dr. Proctor, if again writing, will give us the edition of Foster from which the passage is taken.

Very truly yours,

ROBERT T. COOPER.



### THE PRESCRIBER.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—In your notice of Dr. Clarke's *Prescriber*, which you were good enough to give in your last issue, you state there, "It would, however, be still more serviceable in this way" (as an index and note-book) "if the publisher were to issue an interleaved edition." Will you kindly allow us to point out that a number of copies of the present edition have been interleaved, and are to be obtained at a slightly additional cost, through the usual channels.

We are, Gentlemen, your obedient servants,

Bond St., London,

Jan. 6th, 1887.

KEENE & ASHWELL,

Publishers of the *Prescriber*.

### TEMPERATURE IN BELLADONNA POISONING.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In your January number you quote some remarks by the *British Medical Journal* in reference to *belladonna* poisoning, viz.: "That it is generally stated that the temperature is lowered, or at least not raised, but that in nine cases recently observed in Germany the temperature was raised in every instance."

As the point is of some importance, and I notice that Dr. Hughes in his article on *belladonna* in your number for May, 1866, quotes De Meuriot as the sole authority for an elevation of temperature (of from 0.5 to 1.1° C.), I would refer your readers to a case of poisoning reported in the *British Medical Journal* of March 27, 1886, by Dr. C. E. Tanner, house-physician to the Royal Free Hospital.

The case was that of a strong, healthy girl of 16, who had swallowed a quantity of *lin. bell. B.P.* about 8 p.m. On admission at 4 p.m. the patient's face was flushed, her tongue dry and her gait unsteady. She was drowsy, the pupils partially dilated, breathing regular and pulse 98. About 7.15 the pulse was found to be 120 and the temperature 105.6° (taken by a Kew registered thermometer and verified by another). Vomiting was produced by *sulphate of zinc* and sweating by *pilocarpine*, with temporary improvement. However, an hour later the thermometer indicated the very high temperature of 107.4° and the pulse went up to 160. An hour later she died, with a temperature in the axilla of 108.6°.

Now that there is no doubt of *belladonna* being able to cause a distinct elevation of temperature, some disciples of Hahnemann who are in the habit of giving *aconite* and *belladonna* in alternate doses in acute cases, when both medicines seem indicated, may often be content to rely on *belladonna* alone.

January 18th, 1887.

T. D. NICHOLSON, M.D.

## NOTICES TO CORRESPONDENTS.

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\*.\* *We cannot undertake to return rejected manuscripts.*

Mr. KNOX SHAW's London address is 5, Manchester Square, W.

Dr. WESTON, formerly Resident Medical Officer of the London Homœopathic Hospital, has settled at Cambridge, having succeeded to the practice of Dr. Orpen, who is now residing at Nottingham.

Communications, &c., have been received from Dr. DUDGEON, Dr. ROTH, Dr. CLARKE, Dr. MOIR, Dr. RENNER, Dr. GOLDSBORO', Dr. BUCK, Dr. NEATBY, Dr. J. G. BLACKLEY, Mr. K. SHAW, Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. GIBBS BLAKE and Miss SEAVILL (Birmingham); Dr. BLACKLEY (Manchester); Dr. NICHOLSON (Clifton); Mr. HURNDALL (Blackheath); Dr. BARTLETT (Philadelphia); Messrs. CHATTERTON (New York); Dr. GUERIN-MENEVILLE (Paris).

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## BOOKS RECEIVED.

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*A System of Surgery.* By W. T. Helmuth, M.D. Fifth edition. Philadelphia: F. E. Boericke. 1887.

*Tinnitus Aurum, and its Treatment by Electricity.* By Julius Althaus, M.D. London: Longmans & Co. 1887.

*How to Preserve the Eyesight.* Compiled and Translated from Dr. Magne's *Hygiène de la Vue*. London: Baillière, Tindall & Co. 1887.

*Notes on Consumption and its New Treatment.* By Stammers Morrison, M.D. London: Wilkes & Co., Newington Butts. 1886.

*American Medicinal Plants.* By Dr. Millsbaugh. Fascicule V. New York and Philadelphia: Boericke & Tafel. 1887.

*Nasal Polypi. Their Radical Extirpation and Cure by the Electro-Cautery.* By W. T. P. Wolston, M.D. Edinburgh: E. S. Livingstone, Teviot Place. 1887.

*The Medical Chronicle.* January. Manchester. J. Heywood.

*Proceedings of the National Veterinary Association.* London: Baillière, Tindall & Co.

*Homœopathic World.* London. January.

*Hospital Gazette.* London. January.

*Monthly Magazine of Pharmacy, Chemistry and Medicine.* London: Burgoyne & Co., Coleman Street. January.

*The N. A. Journal of Homœopathy.* New York. December, 1886.

*The N. Y. Medical Times.* January.

*The Chironian.* New York. December, 1886.

*The Hahnemannian Monthly.* Philadelphia. December, 1886.

*The St. Louis Periscope.* October, 1886.

*Revue Homœopathique Belge.* Brussels. November, 1886.

*Allg. Homœop. Zeitung.* January.

*Maanedskrift for Homœopathi.* Copenhagen. December, 1886.

*La Reforma Médica.* Mexico. December, 1886.

*Rivista Omiopatica.* Rome. December, 1886.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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OBSERVATIONS ON DIPHTHERIA.\*

By FREDERIC NEILD, M.D., Edin.

It must not be supposed that this paper is an attempt at an exhaustive consideration of the important subject of diphtheria, for to treat it with any degree of fulness and accuracy would require not one evening, but many, and even then I could only give you, in an imperfect manner, what may be better studied in the standard works. Nor can I hope to advance anything that is new to the members of this society, but my endeavour will be to give the result of my own observations, so far as they bear on some of the points in connection with this malady which are more or less in dispute.

Those of us who have been called, as it has happened to me on several occasions, to see a child, whose parents—not careless, indifferent nor lacking in intelligence—had no idea that there was any special danger, and to be compelled to tell them that their dear one was suffering from laryngeal diphtheria, and that hope was already well-nigh gone, will agree with me that the position is a painful one; but how infinitely worse to be in attendance on such a case before the existence of laryngeal symptoms,

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\* Read before the British Homœopathic Society, February 3rd, 1887.

and whilst one was holding out good hope of recovery, for such symptoms to come on and go to their usual termination in spite of the treatment adopted, and yet such is the insidious nature of diphtheria that a like unhappy occurrence may easily happen.

To illustrate this, you are called to a case of laryngeal diphtheria, usually in the youngest member of a family; having ascertained the nature of the illness, you enquire if any of the other children have been ill, and you may be told that they have had *slight* sore throats, perhaps for a fortnight, but they have not been ill. In most cases, when you examine their throats, you find more or less evidence of deposit on the tonsils, frequently nothing more than yellowish streaks in the furrows of those organs, and you see for yourself that in other respects the children cannot be called ill, and yet this apparently trifling complaint is the same disease that is carrying off the baby in its relentless grasp.

It will be my endeavour to render it less likely that one of us will ever have the pain and humiliation of having under-rated a dangerous and subsequently fatal illness; and above all, that recognising the disease in good time, we may conduct the case to a successful issue.

One point in the ætiology of diphtheria must first be treated on; then its varieties and course, and lastly its treatment, always keeping in mind the theory of its ætiology.

Brought up, medically speaking, at the feet of the great apostle in this country of the germ theory of putrefaction, it will not be thought surprising if the writer has a prejudice in favour of micrococci as the immediate progenitors of the disease. A good theory helps to give consistence to treatment. In the early days of Listerism, people used to say (very much as they say to us in respect to homœopathy), "don't tell us about your theories, tell us what you *do*," and the natural reply was, "if you don't understand and believe my theory, you won't do what I say."

Oertel, in his treatise on diphtheria in Ziemssen's *Cyclopædia of the Practice of Medicine*, writes: "The most important question in the whole chapter of ætiology is that concerning the relation of certain vegetable organisms to diphtheria; whether their presence is determined by accident and by the existence of a soil favourable to

their growth, such as is found in the products of the disease, or whether they stand in a causal relation to the diphtheritic process."

He goes on to say: "Of the vegetable organisms, which Cohn classifies under the name of bacteria, and which he divides into four genera with one or more species, there is one form in particular (the micrococcus) which penetrates the tissues wherever a diphtheritic disease occurs, but is also accompanied by a second form (bacterium termo) in greater or less numbers. Other forms appear exclusively in the false membranes which form in the mouth and fauces, more rarely in those of the nose and deeper air-passages. The forms of these vegetable parasites are accordingly—

"1. *Sphæro-bacteria* (spherical bacteria), i.e., micrococcus.

"2. *Micro-bacteria* (rod-like bacteria); bacterium termo; less frequently and only in the mouth and fauces, bact. lineola.

"3. *Spiro-bacteria* (corkscrew-shaped bacteria); spirillum tenue sp. undula.

"4. *Unclassified forms* :—

"(a). Larger cocci, with sprouting cells.

"(b). Cocci with tube-shaped processes, sprouting coindia (Cohn).

"(c). Cocci with one or two small waving processes."

These vegetations were discovered as far back as 1868 by Buhl, Hueter and Oertel (who called them micrococcus) in false membranes, the blood, and the tissues; in like manner were they demonstrated by Von Recklinghausen and others in most different organs and tissues, and Oertel continues :—

"In secondary infection of wounds, tracheotomy incisions, and ulcers, the greyish, skin-like false membranes, as well as the tissues themselves underlying them, are crowded with these organisms."

He says that when the disease increases in intensity he has always been able to demonstrate a progressive increase of these organisms in the affected parts, and he has frequently pointed out a rapid increase of micrococcus and bacterium termo a short time before the formation of a diphtheritic layer in the edges of the wounds and the occurrence of consecutive symptoms. These forms, when in company with other vegetable organisms, give evidence

of far greater vigour in the process of growth, and soon over grow and crowd the others aside. "I once observed," says our author, "a marked case of mercurial stomatitis, in which a greyish-white exudation from 2 to 3 m.m. in thickness had formed on the lips, gums, inner surface of the cheeks, the tongue and fauces; this exudation on examination was found to contain almost solely leptothrix buccalis, spirillum tenue and spirillum undula, together with bacterium termo, and bacterium lineola; as soon, however, as the patient was attacked with diphtheria of the mouth and fauces, which ultimately resulted fatally, I noticed that the vegetable forms above mentioned were destroyed, and instead the micrococcus and bacterium termo appeared in immense numbers."

Oertel says he has never seen a growth of micrococcus in the croupous membranes which had been caused by the application of ammonia, although the animals experimented on generally lived much longer than those in which a diphtheritic infection had been produced, and he continues: "I have not even observed it, after the micrococcus commonly present in the mouth had been placed upon the fibrinous exudation while it was in process of formation."

Further on he says: "The mass of micrococci developing in the body of the animal form the criterion of the severity of the disease, and an exact indication of the virulence of the diphtheritic contagion."

Eberth endeavoured to prove the theory conversely, in his experiments the pieces of false membrane were finely divided and thrown into Pasteur's fluid, the liquid was then passed through a clay filter, or the bacteria were separated from the same by agitation, before it was used for inoculation, the results here were entirely negative although repeated experiments were made.

Oertel closes his argument in these words: "Returning now to the original question, there can be no longer any doubt, after the statement of such facts, that these vegetable organisms are not of accidental occurrence, but are inseparable from the diphtheritic process, just as the bacteria of decomposition are necessarily connected with decay, and act as a ferment of it. *Without micrococci there can be no diphtheria* (Eberth)."

That much has and may be said against this theory of the ætiology of diphtheria, I am fully aware, but the arguments in its favour are so strong, and it appears to me to cover so well the facts I have to lay before you as to the course and treatment of the disease, that I shall venture to assume its correctness.

I must not pass from the ætiology without reference to a very interesting paper read before the Medical Society by my friend Dr. Hingston Fox, on "Tonsillitis and its relations to Scarlatina and Diphtheria." He starts from the fact that what is usually called "follicular tonsillitis" is a septic disease, and brings forward many facts in support of his argument, that by a process of evolution from this septic tonsillitis we get scarlatina and diphtheria. There is much to be said for this idea, and it does not affect the truth of what has already been said, only I am inclined to think that many of Hingston Fox's cases of "septic tonsillitis" are what I should call (following Oertel) *catarrhal diphtheria*.

*Varieties and course.*—The only two varieties to be mentioned are first, catarrhal diphtheria of the Germans or as we call it "diphtheric sore throat," or often "ulcerated throat," and second, croupous diphtheria.

*Catarrhal diphtheria.*—In describing this and the second variety, I have closely followed Oertel, making only the alterations I have thought necessary in order to bring his description into entire harmony with my own observations.

Oertel's seems to me by far the most accurate account of the disease that is to be found anywhere.

Catarrhal diphtheria frequently begins without symptoms which might give warning to the patient or his friends of the impending danger, with slight fever, or none at all, in many cases only slight sensation of malaise, in others much general aching of back and limbs, far more complained of than the throat, where the pain is but slight, sometimes only a sensation of dryness, or slight pricking pain in swallowing, infra-maxillary glands invariably swollen and slightly tender on gentle pressure. This light form of the disease not infrequently gives rise to marked symptoms; the temperature of the body then stands  $2^{\circ}$  to  $5^{\circ}$  (Fahr.) higher than normal, skin hot and dry, pulse frequent and full, face congested, complains of heaviness in the head, lassitude, thirst,



painful sensations on swallowing, yet after a short time, as little as 12 hours, and seldom more than 36, the symptoms disappear as rapidly as they came, patient feels well, and no professional aid is sought.

When patients are examined early, on inspection the mouth and fauces are a vivid red, or sometimes claret colour, moderate swelling of part of mucous membrane, while the rest is normal. Frequently only one tonsil and adjoining arch of soft palate, or more rarely soft palate and uvula or posterior wall of pharynx, or a number of these parts at one time. Usually the submucous tissue and glands and deeper tissues swell but little. When this simple inflammatory process has continued a short time, perhaps only a few hours, small grayish white spots appear, varying in size from a pin's head to a lentil, arranged in ring-like groups, either separated by a space, or they lie close together, sometimes running one into the other, and usually confined to one tonsil. The grayish white spots are at first quite superficial and even during the first twenty-four hours increase but little, they gradually became more yellow, or dirty gray, more prominent by increase in thickness, and have a flaky appearance, and appear like layers of tissue placed on the mucous membrane. At the same time the redness, vascularity and swelling are diminished, so that on the second or third day, the false membrane may be found attached to mucous membrane of normal colour, and on the fifth or sixth day the false membrane which has been gradually lessening and lessening, comes away altogether, leaving a wholly intact mucous membrane. When the termination is not so favourable, the process continues for several days at about the same height as on the first day, the spots, however, do not increase in size, or to so slight a degree as is scarcely perceptible, the temperature is only slightly elevated, the pulse continues quicker than usual, the tongue which had commenced to clean with the first subsidence of the fever, tends rather to coat again, the difficulty of swallowing does not increase and the glands if already swollen and painful are no worse. On the fourth or sixth day the fever increases, the temperature rises to 103° or 105° (Fahr.), pulse 120 or more, head hot and painful, and brain confused, dryness and burning in throat, though frequently the throat is not complained of more than before, pain in swallowing

often increased, and patient gives impression of the whole organism being deeply affected. If we now examine the fauces, we find perhaps within a few hours rapid extension of diphtheritic membrane, the disseminated spots having run together, and the mucous membrane which looked quite normal now inflamed and swollen, and disease spreading over the greater part of mouth and throat. The disease, however, has now assumed the

*Croupous form.*

We have thus seen that this form may come on gradually from a very slight affection, but more usually, indeed generally, this graver disease commences in adults as in children with marked fever and with an elevation of temperature of 4° or 5° Fahr., and rapid pulse. There may be chilly sensations and subsequent rise of temperature, but the true chill does not characterise diphtheria. With these symptoms, especially in children, there may be vomiting often repeated without any gastric complication. Patients may complain of feeling stupid, pain in head, particularly occiput, neck and loins, debility, weakness in limbs, thirst, restlessness, or drowsiness. Children are apt to sleep in the day, and be restless at night. Nocturnal delirium, sometimes having convulsive movements or rising in intensity to an eclamptic attack. Accompanying or soon following these, are noted the local symptoms, sensation of dryness and burning, as well as pain in the throat on swallowing. The intensity of these throat symptoms varies very much in different cases, so that in some they excite the liveliest expression of suffering, whilst in others, even adults, such complaints can hardly be elicited even by close questioning. The swelling of submaxillary glands which receive vasa efferentia from seat of the disease is never absent in this stage, the degree of swelling is commensurate with extent of local affection of mucous membrane. The degree of swelling varies much, however, according to constitutional tendency; in the strumous it is apt to be considerable, even in slighter cases. Glands are hard, sensitive to pressure, and sometimes the contiguous connective tissue is more or less infiltrated and painful. The mucous membrane shows usually at this time, more especially in children, a marked inflammatory reddening. a dark livid colour, especially on tonsils and soft palate,

the tissues appear infiltrated with fluid, and softened, and the uvula is cedematous, and the sub-mucous and deeper tissues take an active part in the inflammatory process.

A few hours only is required for the development of the false membrane, especially on soft palate and tonsils, with yellowish or sticky secretion in the furrows or at the mouth of the glands of one or other tonsil, while scarcely twelve hours later we find the mucous membrane permeated with a yellowish moist infiltration; a few hours later this secretion becomes hardened, and forms the well-known wash-leather-like covering to the parts affected. This may be removed with care in large strips, when the mucous membrane below will be found to be deprived of its epithelium. After the lapse of about 24 hours a layer of pus forms here and there on the mucous membrane in the places where it has been deprived of its epithelium; and, if the case does not end fatally, under this covering a process of healing takes place; more frequently a second fibrinous exudation forms.

During its progress the general and local symptoms do not always increase proportionally. While the exudation increases the temperature may fall and scarcely rise above normal, and the pulse may increase from 10 to 20 beats per minute, swallowing become more easy, and still danger of a fatal result in no way be diminished. In most cases, however, the fever increases in direct relation to the local disease, and when it seems on following days to diminish in intensity, and the disease appears to have come to a standstill or a process of healing to have begun, collapse may follow and death take place in 24 hours.

The further progress of diphtheria is as follows:—

1st. In those in which the disease has not extended beyond the mucous membrane of the fauces, recovery takes place in a gradual manner in favourable cases.

2nd. Or the disease extends gradually into the cavities of the nose, or eustachian tube, to middle ear, or to larynx, trachea and bronchi.

3rd. Or the disease having from the first been accompanied by symptoms of severe infection, the patient dies under symptoms of rapid poisoning of the system, usually about the seventh day.

4th. In some cases gangrene appears in the parts attacked, and patient nearly always dies.

When the disease terminates favourably, the healing process usually shows itself at the end of the first or beginning of second week, and this occurs with a simultaneous improvement in the local and general symptoms.

As Oertel says, the first form is only dangerous because it may pass into the second. No doubt this is what actually happens in cases such as those mentioned at the commencement of this paper. A family of children have catarrhal diphtheria; the elder ones are scarcely ill; the baby, however, is quickly re-infected, and its larynx, which in young children is specially obnoxious to the poison, becomes the seat of croupous diphtheria. Once had I the opportunity of seeing the change Oertel speaks of, and although the case ended well I trust I may never have such another. It occurred several years ago. The girl had had typhoid so short a time after her return from the seaside that it was taken for granted that the disease had been contracted there; the attack was sharp but short. When well enough she went into the country and returned in blooming health, to be knocked down again a fortnight afterwards, this time with what I called an "ulcerated sore throat," but to which now, at the risk of being thought an alarmist, I should give a no less grave name than that of diphtheria. There was a good deal of the flaky deposit already described; under treatment it slowly diminished, too slowly, for on going in about the fourth day I was alarmed to find a complete change; the temperature, which had been nearly normal, was now  $105^{\circ}$ ; the pulse had gone up to 140; and on the tonsils, surrounding the remaining patches, were thin lines of distinctly croupous membrane. Although by very prompt measures the fever was immediately reduced, the membrane spread over the whole of the fauces, surrounding the uvula, *e.g.*, as in a case. This to me was most instructive, and from that time, though able to speak with the utmost hopefulness of all cases that have been seen early, yet never has one been treated lightly by me, and however slight the symptoms I have never rested until the last scrap of membrane has disappeared.

#### *Treatment.*

In every one of the fatal cases of laryngeal diphtheria that has occurred in my practice, the wind-pipe was already more or less obstructed before I saw the patient,

whereas not once did this happen in the large number that have been seen whilst the membrane was still confined to the fauces. Many of these have given me serious anxiety, and four have died, but they did not die from laryngeal obstruction.

It seems to me that this difference cannot be wholly accidental, but must be largely due to the treatment adopted, and one main factor in this has been a free use of antiseptics locally.

Disastrous as were the general results of the use of caustics, I can conceive that in bold hands and in very recent cases this rude treatment was occasionally successful in arresting the disease, and there is not wanting evidence that this was so. Trousseau was a strong advocate of the use of caustics, and it is recorded (I quote from memory) that in one epidemic almost the only cases that recovered were those that were treated by an old woman, who applied to every throat indiscriminately a powerful escharotic. That mischief was done to an alarming extent was due to the fact that the application was not done sufficiently early and with sufficient freedom, for if a single speck was left undestroyed, from that centre it would spread with ten-fold virulence over the injured surface, and absorption of the poison would be certain to take place.

Of course, if the disease were *not* recent, and the system already affected, nothing but harm could possibly come from such applications.

The enormous difficulty there must be in destroying the germs of diphtheria by applications which must necessarily be infrequent, may be illustrated by a reference to Listerian antiseptics. In the early days of antiseptic surgery its founder used to pay great attention to ulcers of the leg; once get the surfaces aseptic and it was easy to keep them so, but the practical difficulty in getting rid of the germs of putrefaction was wonderfully great. Take an ulcer with what would be called healthy granulations, apply your ordinary antiseptic lotions and dress it antiseptically; when opened 24 hours later the oil-silk "protective" would be wholly blackened from the gases of decomposition; apply a strong solution of chloride of zinc and again dress antiseptically, this time at the next dressing, instead of the whole "protective" being blackened, there would be black spots here and

there; again use the chloride and possibly at the next dressing there would be no discolouration of the oil-silk. But even now the object has not been attained, for on the following day, if no fresh chloride be used, one or two black spots may be seen, showing that the attempt to exterminate the germs was not yet successful. If this is the case where we have an open exposed surface, can it astonish us that on an irregular surface like the tonsils, to say nothing of the possibility of the membrane not being confined to them, the rough treatment failed to do good, save in a case here and there, and in the rest did infinite harm?

But no such objection can be fairly urged against the use of antiseptics, and if my opinion is borne out by others that the action of the appropriate remedy is not interfered with, we cannot as homœopaths object to use them.

I have tried various antiseptics, and until recently have preferred the permanganate of potash, and have painted the fauces with a solution of the strength of Condyl's Fluid, and caused the patient to gargle with a weak solution of the same. The permanganate, however, is objectionable on account of its taste, and of late I have been glad to substitute the oil of eucalyptus, which has served me well, and I strongly recommend it to those who have not already used it. Called in good time to a case, it is only necessary to prescribe it as a gargle, say 6—10 drops in half a tumbler of water, to be used frequently, but if the disease has been neglected for a day or two, the fauces should be painted with the undiluted oil.

In some cases, *e.g.*, if there is any doubt that the membrane is confined to the fauces, or if the patches are not quickly thrown off, it is well to use the remedy by inhalation in steam. If this is done frequently, a double object is secured—the false membrane is reached with more certainty, and the mucous membrane is aided in throwing it off.

In very young children, and where there has been any threatening of laryngeal symptoms, I have used *iodine* in the bronchitis kettle. In one case, that of a baby with a hoarse, croupy cough and signs of obstruction, the disease was evidently kept at bay, and subsequently conquered, by this remedy.

Although no membrane could be seen in the fauces, I believed that it was diphtheria, and the belief was confirmed by an ordinary case occurring at the same time in an older child. The disease was probably contracted from the brothers of a baby who died (No. 12), they had gone there to be out of the way and very likely had the disease in a mild form.

In another case, that of an intelligent boy, aged about 8, there was hoarseness, and a patch of false membrane the size of a sixpence could be easily seen going down to the very edge of the rima glottidis. I have never seen a child's throat less sensitive, and rarely an adult's; without the least difficulty the epiglottis and rima glottidis could be seen. The vapours prevented any spreading, and the lad was never ill.

The much vaunted *sulphur* has been tried, but no special benefit resulted, and it certainly never helped me in cases that defied other means.

*Alcohol* has not been tried by me, and I should be glad to hear if any of my colleagues can confirm the testimony in Oehme's *Therapeutics of Diphtheria* in its favour.

#### *Internal Medicinal Treatment.*

What advantage, then, hath the homœopath? To which I reply, "Much everyway." The use of antiseptic gargles, sprays and vapours are preventive and palliative. By their timely use, serious infection or re-infection of the system may frequently be prevented, and where that is not possible the virulence of the disease is greatly lessened; but in diphtheria, as in other diseases, for distinctly curative means we must come to homœopathy.

Whether the poison which cause the group of symptoms we call diphtheria is a germ or not does not affect the question of the medicinal treatment; to the effects of the poison, whatever its nature may be, we must oppose a similarly acting poison. That our success has not been greater is no doubt due to the fact that a *simile* to diphtheria is very difficult to find, and as a consequence one has to treat certain groups of symptoms rather than the disease as a whole.

Still very much can be done by internal medication, and we have many remedies of whose action we can speak with certainty, and of these some may be mentioned of which I have personal experience, and which have served



me well. The special indications need not be given. They are *merc. biniod.*, *merc. corr.*, *merc. cyanid.*, *phytolac. dec.*, *kali bich.*, and *crotalus*. Of these the one most often used has been *merc. corr.*, and it must be confessed that it has been usually used in a potency which renders it possible that much of its good has resulted from its local antiseptic action. It must be said, however, that it was used by me long before it was mentioned as a germicide, and besides hardly any other remedy has such striking throat symptoms. Allen gives—"Great swellings of throat, and threatened suffocation." "Throat inflamed, can only speak and swallow with difficulty." "Ulceration of throat and soft palate." "Patient expectorated daily clots and pieces of membrane from the ulceration of the throat, with excessive prostration." "Pillars of the velum palati swollen and dark red." "In the tonsillary folds, at the edges of the pillars are seen some soft, grayish excrescences like sloughs of false membrane (third day)."

Talking of *merc. corr.* reminds me of a good homoeopathic story, which our friends the editors may like to take a note of to fill a corner in their journals.

A friend and patient of mine, an officer in the army, consulted me on behalf of his servant who had returned from Egypt with chronic dysentery. I advised *merc. corr.*, which in the usual way was labelled "*Mercurius corr.*" Some time after Major A——— asked his servant what medicine it was that Dr. Neild had given him, "Well, sir," the man replied, "I can't rightly say, sir, but I think I saw on the bottle '*miraculous cure.*'"!

I have not found this miraculous cure do much if the system were deeply affected.

In sthenic cases with high fever and *pains extending to the ears*, I have confidence in *phytolacca*.

*Prostration* has been the main indication that has led me to *merc. cyan.*

Where there have been symptoms of grave general toxæmia, *crotalus* has done good service.

*Kali bichrom.* has proved a useful remedy. I should use it especially in cases where the nares are affected.

*Merc. biniod.* was used a good deal in my earlier practice, but frequently disappointed me.

*Belladonna* is not included in above list, for I have never relied on it, though have often given it as an

adjuvant when indicated. In pre-membranous stage, when seen so early, it ought to be used.

*Apis mel.*, too, has been very useful where there has been much swelling.

*Aconite* I have never shrunk from using where the fever has been an element of danger, and here allow me to interpolate a remark that, in high fever, not only has *aconite* been given by me, but also body compresses have been used, and the reduction of the fever has always been attended with good results.

The question of *stimulants* ceases to be of much interest if our cases are vigorously treated, for practically they will very seldom be required, and I should not think of giving them, as some do, as a matter of routine practice; and on the other hand, unless the disease is controlled by the local and medicinal treatment, in my opinion the freest stimulation will be useless. It is very likely, however, that the real benefit derived from brandy is its antiseptic action.

#### *Fatal Cases of Laryngeal Diphtheria.*

1. A. B.—Delicate, tubercular boy of three, ill six days before I was sent for, breathing already stridulous, tracheotomy the same evening, some rallying, but death two days after.

2. C. D., thirteen months old, ill several days. When sent for larynx unmistakably affected, tracheotomy the day after and death the following day. Several of the other children had diphtheria subsequently, one severely.

3. E. F., baby, twelve months old. Mrs. ——— had a bad throat first, which was nearly well when baby was seen. Tracheotomy objected to, baby lived two days. Two elder children attacked subsequently, one, a girl of three, was desperately ill, the nares being much affected.

4. G. H., baby, thirteen months old. Sent for at 11 p.m.: child had been ailing some days, without making mother uneasy, but as a cough developed she sent for me at once, because twelve months before, when the baby had bronchitis, some days had elapsed before I was sent for, and now greeted me smilingly, telling me that this time they had had me in good time! Breathing was already much obstructed; tracheotomy next day; died two days after operation. Other children had had

sore throats for a fortnight, but not ill; remains of deposit on tonsils.

5. I. J., little girl, aged three. Stridulous breathing when first seen; tracheotomy, lived three days. Elder brother running about with remains of membrane on tonsils.

6. K. L., little boy aged four. This child has had catarrhal pneumonia some months before, and was much reduced, but was slowly gaining flesh when this attack came on. Had been ailing several days before they sent. Breathing much obstructed, air getting into chest with difficulty. As he grew worse in spite of treatment, sent him to S. D. and E. C. Hospital the same evening, and tracheotomy was performed at once, lived three days, died of bronchitis.

7. M. N., baby twelve months old. Case absolutely hopeless when seen, precluding any idea of tracheotomy, Died next day. This patient when three weeks old was brought round from severe diarrhoea, once she appeared gone.

8. O. P., eight years old. Delicate boy, been ill several days, only sent for when difficulty of breathing came on. Died next day. Was seen by an allopathic physician, who confirmed the diagnosis and prognosis but made no suggestion.

*Fatal Cases, non-laryngeal (or where laryngeal affection slight).*

9. Q. R., girl, aged seven. No doubt this was a case of transition from the catarrhal to the croupous form. There was much flaky deposit in fauces, but *post mortem* there was a croupous membrane spreading down oesophagus. It was my first fatal case, and occurred soon after I entered upon practice. Mother laid up after with ordinary croupous diphtheria.

10. S. T., girl, thirteen months old. This is the *only* fatal case I saw from the beginning. There were two other children, aged two and three, and the eldest had the disease first, the baby had had pneumonia three months previously. The second child was very ill, having severe diarrhoea, with membrane seen at the anus. Both parents had diphtheric throats.

11. U. V., little boy, aged two. This little fellow was slowly recovering under my care from symptoms of marasmus when attacked (in the same epidemic as that in which last case died). He lived for about a week after he came under care, and more than once seemed much better.

12. W. X., baby, girl twelve months. Delicate baby. Had been a seven-months' child.

#### DISCUSSION.

The PRESIDENT, in opening the discussion, congratulated Dr. Neild on having, as his first paper at the Society, placed before them one of so much interest and value. He hoped that it would be followed by a long series of papers by him.

Dr. POPE also congratulated Dr. Neild on having as his maiden paper at their Society read one of so thoroughly practical a character. He hoped that, as the President had suggested, it was the first of a long series of equal importance. Diphtheria was a disease often difficult to treat from the insidious character of its approach, the suddenness with which symptoms of danger developed, their rapid progress and the overwhelming severity of the general condition it produced. The local symptoms were so prominent and so alarming that we were but too apt, in directing our attention too exclusively to them, to omit paying due regard to those which pointed to a general state of toxæmia. Dr. Neild had very clearly stated the importance of applying antiseptics to the site of diphtheritic deposit, either by the brush, gargle or inhalation, and in stating the reason for the importance of antiseptics had done good service in drawing attention to the deposit as a centre of disease extension, showing the necessity of thoroughness in applying one antiseptic and avoiding the leaving the smallest particle of disease matter. At the same time he (Dr. Pope) was rather disappointed that in drawing attention to the medicines he (Dr. Neild) had found useful he had not more precisely differentiated between, had not more fully pointed out the particular indications for the use of each in different instances of diphtheria. It was this power to differentiate between different medicines in different cases of the same nosological division of disease given to us by the recognition of the law of similars that was our great advantage over gentlemen of the Ringer and Brunton school who were satisfied to know that in one form of disease homœopaths gave say half-a-dozen medicines, and accordingly they told their students and readers that these medicines were useful in this disease; but they failed—and as long as they ignored the law of similars

must continue to fail—to point out when one would prove useful and another not so. It was on this ground that he attached so much importance to the differentiating of medicines, regarding it, indeed, as the secret of success in practice. While regarding influencing disease through the action of a specifically acting medicine as of the greatest importance, he did not in the least underrate that of the direct application of antiseptics. Of this class of measures *eucalyptus oil* and *permanganate of potash* were the most valuable, the former being preferable as less irritating. It was an interesting fact that the medicines which by comparing the symptoms they occasioned in health with those characteristic of septic disease were found to be the most homœopathic remedies, were also generally acknowledged antiseptics, such, *e.g.*, as *corrosive sublimate*, *arsenic*, and *baptisia*. How powerful was the influence exercised by the diphtheritically poisoned blood, was strikingly shown by the tendency to cardiac paralysis during apparent convalescence. Here the *cyanide of mercury*, *lachesis*, and *cro-talus* were indicated, especially the two former. The entire subject was one of the greatest importance, and might be profitably discussed from several points of view.

Dr. BLAKE said that diphtheria differed from the true acute specific diseases, first in that there was good evidence that it arose *de novo*. He had seen typical examples where there was certainly no other case within an area of 20 miles. Secondly, diphtheria does not breed true invariably. Thirdly, it is certainly not protective. In regard to the germ theory of its production, there could be very little doubt that germs serve as the convectors rather than producers of disease, and it was a very interesting fact that those diseases which are usually viewed as of germ origin cynanches and the various catarrhs, rheumatic and enteric fever, to preparations of germicides. Referring to the question of the late epidemic of throat affection, he said it was curiously associated with another epidemic of diarrhoea, and it would be valuable to enquire into the causes. In one point he thought the paper was susceptible of improvement. He would have much liked to hear what medicines had been found useful, and other details of treatment. He must enter his protest against the custom of steaming all diphtheria patients, and referred to the dangers arising from the comparatively bloodless condition of heart this practice gave rise to. With regard to the fatal termination of diphtheria, he thought it important to recognise the fact that the patients usually die of syncope and not of asphyxia. He had often found patients in an atmosphere of steam and heat most harmful. Steam enfeebled the heart and drew all the blood to the skin and the mucous membranes. He did not

think the use of ice was always desirable: it tended to paralyse the already paretic pharyngeal vessels. He repeated he was a little disappointed not to hear more of the indications for medicines in the disease. *Lachesis* covers the condition of cardiac disturbance. The special indication for its use was a livid colour of the mucosae. Dr. Blake would much like to have heard something about the differential diagnosis of diphtheric palsy. It is now the fashion to call it "a peripheral neuritis." How are we to distinguish cases brought to us after the unrecognised cynanche has passed away and albuminuria is not present? especially how to tell it from the forms of "peripheric or multiple neuritis." As paralysis of diphtheria is always a descending palsy it cannot be mistaken for any of the organic diseases of the infra-bulbar cord. The diphtheric palsy is allied in character to the paralysis of *arsenic*, *alcohol*, *carbon bi-sulphide*, *chloral*, *copper*, *lead* and *mercury*. These all induce peripheral neuritis, a fact of mild interest to the allopath, but full of the deepest meaning to those who profess our faith. As Dr. James Ross confesses that half the cases die under orthodox treatment, we have here a rich field for those who will patiently work out the pathology of neuritis and the pathogenesis of its causative poisons. In unilateral neuritis of the upper extremity with effusion of serum into connective tissue, I have seen *merc. corr.* 3x. promptly curative.

Dr. DUDGEON said that Dr. Neild had asked whether any member of the Society had had experience of *alcohol* as a local application in diphtheria. For many years it was the custom to use nothing else locally, and he thought great benefit had followed its use. It occurred to him that when it first appeared, some 30 years ago, diphtheria was a much more fatal disease than it was now. They used to consider every case in children under five years of age almost necessarily fatal if the disease went into the larynx, but of late he had seen many cases in young children where the disease had involved the larynx without proving fatal. As to the immediate cause of death, he was quite of Dr. Blake's opinion that it was usually caused by syncope and not asphyxia. In the earlier history of the disease, the patients used to go off quite suddenly, when apparently progressing favourably. One case of a child he particularly remembered, in which the patient appeared to be recovering, but died quite suddenly. Possibly the paper might have been rather more instructive if Dr. Neild had described cases of recovery instead of cases of death, and had given the indications for the remedies which had given him satisfactory results. Beyond this criticism the paper was very delightful, and he shared the hope that they might hear others from the same writer.

Dr. GOLDSBROUGH joined with Dr. Dudgeon in expressing pleasure in listening to Dr. Neild's paper, especially as three years ago he had ventured to bring the same subject before the Society. It was well in dealing with diphtheria to be quite clear what one meant by that term, and he would take exception to those cases which Dr. Neild had described as catarrhal as being truly diphtheria. He (Dr. Goldsbrough) was inclined to include under that term only those cases which develop a false membrane as distinct from a mere exudation. What Dr. Neild had described as the catarrhal form were extremely common, occurring almost every week. Dr. Neild said he disbelieved in the existence of membranous croup apart from diphtheria. Dr. Goldsbrough had certainly seen one case; it was that of a boy who had had measles, the croup coming on as he began to recover; it lasted for nine or ten days, and then pieces of membrane were expectorated. There was no bronchitis, or diphtheria, or any septic condition. The disease was entirely confined to the larynx. As to antiseptics in diphtheria he had always used "Condy's Fluid" in quantity enough to colour the water, and would be afraid that *eucalyptus* might interfere with the action of the medicines. Since reading his paper he had lost one case, in which death was from syncope. A number of medicines were tried—*merc. biniod.* 1, *merc. bi-cyanide*, 12, *iodine* and *bromine*, but all to no avail. He was afraid the failure of the *merc. cyanide* might be due to its not having been freshly prepared.

Dr. BLAKE here said that *merc. cyanide* would keep as a trituration.

Dr. GOLDSBROUGH said he would have liked to have heard Dr. Neild's opinion as to the value of the *merc. cyanide*, especially in the higher dilutions. We had it recorded by Dr. Villers that he treated a large number of cases with the drug in the 80th potency with hardly the loss of a single case. In Dr. Goldsbrough's latest experience it had been most helpful. Referring to the prevalence of diarrhoea at the present time, 30 or 40 cases had come under his notice, several of them very severe. The medicines he had found most useful were *veratrum alb.*, *podophyllum* and *arsenicum*, and in one or two instances *colocynth* and *carbo. veg.*

Dr. DYCE BROWN joined in thanking Dr. Neild for his interesting paper. He considered diphtheria one of the most difficult diseases in which to obtain accurate and reliable results as to treatment. Many cases occurred of the diphtheritic type, but so mild that he would hardly dignify them by the name of diphtheria, while many others would at once put these cases down as diphtheria. In this we got records of cases which got well under the simplest treatment



mixed up with others that died in spite of all treatment, and till these cases were separated, reliable results could not be looked for. This was the reason why a medicine praised by some doctors did not bear out the results in the hands of others. Dr. Pope had noticed Dr. Neild's want of differentiation in the remedies he had named, but Dr. Brown thought it was next to impossible to differentiate diphtheritic medicines as we could in other diseases. The reason of this was that no medicine was a *simile* in the full sense of the term. No medicine had produced the false membrane, and all we could look for in a drug was its power to produce inflammation in the parts affected, and more or less systemic disturbance. He had had successful results with *merc. cyan.* 80, with *belladonna* 1x, *phytolacca*  $\phi$ , *mercurius biniod.* 8x. The *merc. bin.* he used in ordinary typical cases with much glandular and general swelling, and offensive breath and secretions, but without marked vital depression; the *merc. cyan.* when with the above local state there was great vital depression; *belladonna* when there was much general redness and pain; and *phytolacca* when there was much pain, headache, and aching of the body generally. As to local applications they certainly were of use. The only two he used were the *permanganate of potash* and the *perchloride of iron*. The former had been previously proved by Dr. Allen, of America (see *British Journal of Homœopathy*). He had taken it internally, in gradually increasing doses, with the result of producing a throat much inflamed of a dusky-red colour, great pain in swallowing, offensive secretion from the throat and nose, loss of voice, and great depression of vital power and fever. This proving led Dr. Allen to give the *permanganate* internally in cases of diphtheria with good results, and it was a strong point in favour of its use as a local application. The *perchloride of iron* he used to paint the surfaces covered by membrane with a brush or mop. Dr. Brown regretted that Dr. Neild had left untouched a most important part of the disease, namely, the subsequent paralysis, thus leaving the subject incomplete. Many a patient got perfectly cured of the throat affection, and through ignorance or carelessness of the nurse, was lifted out of bed, or even up in bed suddenly, with the result of sudden death from paralysis of the heart. A few years ago he was called to the country to see a boy who had diphtheria, under the care of an allopath. The throat had got quite well, but the heart became so feeble that when Dr. Brown arrived the pulse was not to be felt, the heart sounds having to be heard by the stethoscope; everything in the way of nourishment was vomited, and the friends and doctor were at the bedside, expecting death every minute.

Dr. Dyce Brown gave the boy *arsenicum* 8x every quarter of an hour in a few drops of water. In an hour the boy showed signs of revival, began to take teaspoonsful of milk, and by next day was almost himself again, taking milk in wineglassfuls freely. Dr. Brown had to go to town, but on returning in the evening, found the boy dead. He had been raised up suddenly, and died instantaneously from paralysis of the heart. No case could be considered out of danger till all risks of paralysis had passed over.

Dr. HUGHES regretted that Dr. Neild had spent so much of his paper on the etiology and pathology of diphtheria, and that he had not given them more of the therapeutics. The therapeutic question was really the one in which they were most interested and concerned. He could not agree with Dr. Blake that all cases really died of syncope and not from asphyxia; and maintained that in laryngeal cases the syncope was often only the result of asphyxia. The best way to prevent the dying of such patients by syncope was to remedy the asphyxia by steaming or other means. With regard to the remedies indicated by the disease, when diphtheria invaded England thirty years ago the homœopaths naturally turned to the mercuries for the *similimum*. They had been much praised, but chiefly by those who had given them in material doses. He himself had not had satisfactory results in ordinary doses, and he rather thought that *mercury* acted in large doses as an anti-septic. *Mercury* itself did not produce the constitutional condition of diphtheria, but its *cyanide* did, and hence its special value. On this point there was a consensus of opinion in Russia, France, Germany and to some extent in America. Personally, he was obliged to speak at present theoretically more than practically, because in Brighton, since they had had better drainage, they had had little or no diphtheria.

Mr. KNOX SHAW thought that the paper did not open up much controversial matter, but was more likely to elicit the clinical experience of the members present. It, however, raised the important question of the value of tracheotomy. For himself, he was obliged to confess that his experience led him to have little faith in it in diphtheria. He had seen it done often; he had done it himself; but his experience led him to prognosticate that if the patient had severe laryngeal diphtheria requiring tracheotomy, he would die. In addition to the evidence of his own observations, he had been much struck by the emphatic advice of a country practitioner of large experience, who strongly deprecated tracheotomy in diphtheria, his opinion being that the cases were so generally fatal that it brought discredit upon a valuable operation. He quite agreed that what made returns of the success of different

remedies so valueless was, that what many men would call diphtheria others would not—a fact which struck him particularly when working at the throat clinics in Vienna. There he saw several cases; the patients were brought up to the hospital, the only precaution taken being that they were attended to in a different part of the room; they were treated and sent out again. He took great care to examine these cases, and they were certainly not all such as would be called diphtheria in England. The treatment adopted seemed good. The end of a camel's hair brush was made stumpy by having a piece of india-rubber tubing drawn over it, and with this the *corrosive sublimate* solution was rubbed into the tonsils till every part of the membrane was removed. He had used *corrosive sublimate*, *sulphur*, and alcohol; but the remedy he had used with the greatest success was *perchloride of iron*. He believed, with Dr. Blake, that it was possible to kill the patient by steaming, and had seen patients practically parboiled by anxious friends, and quite prostrate from the temperature of their tent. He thought that patients died both by syncope and asphyxia, the former being the more sad, as the patient had often recovered from the actual attack of diphtheria, the throat getting well, but the patient turning to urinate, or rising to take food, suddenly expired. Such contingencies as these brought very vividly before them the dangers of the paralytic stage. It was doubtful when those dangers ceased. In the case of a boy who had come under his care, the patient died suddenly some months after his recovery from the disease; so that he felt that post-diphtheritic paralysis was very dangerous, and he would have been glad to hear more as to the treatment that should be adopted in such cases.

Dr. J. GALLEY BLACKLEY thanked Dr. Neild for reading to the Society a paper on so interesting a subject so soon after his election as a member of the Society; but he must take considerable exception to portions of it. He quite agreed with previous speakers as to the slight value to be attached to records of cases in such mild forms as Dr. Neild had called catarrhal diphtherias; as to the croupous form, he (Dr. Blackley) was old-fashioned enough to believe that there *was* a difference between diphtheria and membranous croup. He had seen a good many cases of sporadic membranous croup always of a sthenic type, and of the epidemic form of diphtheria of a more or less adynamic character, the former affecting the air passages only and not the pharynx, whereas diphtheria was pharyngeal or buccal at the outset and spread downwards. In croup the death was from asphyxia; in diphtheria from syncope or toxæmia. Referring to antiseptics, Dr. Blackley said he had used *boracic acid* with complete

satisfaction in a good many cases—a saturated solution in *glycerine* being sprayed into the throat with a steam atomiser for ten minutes every two hours. As a substitute for *eucalyptus*, and in many ways superior to it, he would suggest to Dr. Neild to try *peroxide of hydrogen*, or “*Sanitas*,” which was practically the same thing. Dr. Epps recommended mopping the throat with alcohol. With regard to medical treatment it was difficult to find any drug closely approaching the nature of simile. In records of the earlier provings of the mercurials the purely local effects were mixed up with real dynamic symptoms. As to stimulants, they were of the greatest use; in fact, in all cases of toxæmia the free use of stimulants often pulled the patient through. With regard to the value of tracheotomy, of course anything said by Mr. Knox Shaw in matters of surgery they must naturally regard with great respect, but during a severe epidemic of diphtheria in 1860 he saw his first case of diphtheria under the care of his father. In two cases of undoubted dynamic diphtheria the latter operated and both cases recovered. In both cases the disease had crept over the epiglottis into the rimaglothidis and larynx. Dr. Blackley concluded by referring to a family where the children all suffered from chronic enlargement of the tonsils. In November he was called to one child and found the temperature 101 F., and the child making a stridulous noise during respiration. In December a brother of the same child became affected similarly, but in a milder form. On January 14th he saw a sister, aged 10, temperature 101 F., with a rash. In this case there was no doubt what the complaint was, as it was soon followed by desquamation, and, in due course, the skin peeled. On January 28th another child of the same family was taken in the same way with a very pronounced rash and fever.

Mr. KNOX SHAW explained that in condemning tracheotomy he referred to cases where the trachea was affected. He believed it did a great deal of good when the patient was suffering from asphyxia.

Dr. BYRES MOIR said that as to tracheotomy his experience quite convinced him of its value in certain contingencies. It was sufficiently successful in all hospitals to justify recourse to it when the larynx and trachea were implicated. He described a case treated successfully in the London Homœopathic Hospital—that of a child, who was almost asphyxiated and was evidently dying. An operation was the only chance of preserving life, and was performed when the trachea was found blocked by membrane. The case went on to a good recovery, though there was paralysis of the pharyngeal muscles, necessitating careful feeding. Tracheotomy ought to

be done in time, and not left till all chance of recovery had become hopeless.

Dr. DAY also had performed tracheotomy successfully and with excellent results. In hospitals he had seen children brought in in the last stage of asphyxia, and their lives saved by this last resource.

Dr. JONES referred to diphtheria as a constitutional disease, in which the disease showed itself in the throat, and urged the importance of getting some similimum on constitutional grounds.

Dr. JAGIELSKI spoke warmly of the splendid effects of koumiss in the membranous stage reviving people who were in a state of asphyxia.

Dr. NEILD, in replying, said he was much indebted to and cordially thanked those who had spoken so kindly, and not least those who had criticised his paper. As some gentlemen had answered others, it would not be necessary at that late hour to go over all that had been said. Dr. Pope had spoken of the importance of differentiating the remedy, and he fully agreed with him as to its importance, but in this disease the task was a very difficult one. *Merc. corr.*, as had been said in the paper, had some striking throat symptoms in its pathogenesis, but for other medicines the indications were only vague. None of the speakers had mentioned a condition which had caused him some anxiety on two or three occasions; he referred to a coldness of the legs extending to the waist. In one case, otherwise mild, this had to be combated night after night for over a fortnight after all membrane had disappeared. He was inclined to agree with Dr. Blake that diphtheria might arise *de novo*, although the presence of septic material was always essential to its production. With regard to the immediate cause of death he believed that he had seen cases die of asphyxia, although undoubtedly it was more commonly syncope. He had not referred to diphtheritic paralysis, because he had not seen many cases, and those he had had recovered without difficulty with the assistance of change of air. Dr. Dudgeon had expressed doubt as to the germ theory of the origin of the disease, and his doubts might be justified, but he (the speaker) maintained that on any theory that would cover the facts the treatment would be similar. He believed with Dr. Dudgeon that this disease had changed its type, and was now much milder than heretofore.

Dr. Neild then gave some particulars of a case of diphtheria in which he had obtained brilliant results from the *cyanide of mercury*. Of tracheotomy his experience had been unfortunate, and he would never urge the operation on unwilling parents; but if he had a case clearly dying of asphyxia he should not hesitate to have resort to it.

## THE THERAPEUTICS OF HYDROPHOBIA.

By JOHN DAVEY HAYWARD, M.D. (Lond.).

(Continued from page 95).

### CASES.

#### CASE I.

*Belladonna, lachesis, hyoscyamus. Recovery.*

MR. LEADAM narrates, in the *British Journal of Homœopathy*, vol. vii., a case which was under his treatment, and recovered. He calls it a case of supposed hydrophobia, and some of the remarks with which he introduces the case are of such interest and scientific value that they are here transcribed with the case.

“The history of the following case proves that the boy was bitten by a dog at the most usual period antecedent to the development of the disease. The symptoms, as detailed, show that the patient had not the spasmodic affection of the deglutitory and respiratory muscles, nor the morbid impressibility of the cutaneous surface or optic nerve (although he had some slight difficulty of swallowing and objection to drink just as he first came out of a paroxysm), but he had two important diagnostic symptoms in place of them, viz., intense morbid sensibility of the auditory nerve, so that he could not bear the least *sound* of water, and even when in a profound sleep the sound of trickling or splashing or falling water convulsed him, and in his severest paroxysms a whining and barking so exactly resembling a puppy that you could scarcely have believed it otherwise; this symptom only existed three days, and then only occurred in the worst fits, while the former symptom continued throughout the disease, and was the last of all to disappear.

“This extreme sensibility to the sound of water during sleep, corresponds somewhat to a case related by Majendie, where the patient, who had been deaf and dumb from birth, heard during the paroxysm. The age of the boy, the clear history of the case, as given by all his family, who waited on him with great anxiety, the absence of any motive, and the progress of the disease, preclude the notion of simulation, while fear could have nothing to do with it, as he had forgotten all about the bite, until it was called to his memory.



“ Again, this case seems to illustrate most beautifully the analogy that exists between hydrophobia and tetanus, and pathologically determines that, like it, hydrophobia may be evidenced by a certain variety of symptoms, which indicate the portion of the nervous system immediately under the irritation of the morbid virus; for is it not fair to presume that this morbid virus which has poisoned the wounded extremities of the nerves, may propagate its virulent irritation along the course of those nerves to the brain and spinal marrow, and fix its location in one or other portion of the sensitive structure of those organs, but not always in the same portion, and thence be reflected along the nerves, giving rise to excessive morbid sensibility of parts corresponding to the site in which the erythism has been excited? If this be true—and whenever morbid anatomy has shown anything, it has proved congestion or inflammation of the spinal marrow, theca vertebralis, medulla oblongata—then, I submit that while the cases hitherto recorded, point to the medulla oblongata and upper part of the spinal column, as the parts on which the virulent impression of the inoculated poison has fastened itself, as evidenced by the affection of the glosso-pharyngeal, pneumo-gastric, and spinal accessory nerves in particular—the case now under review points to the origin of the seventh nerve (*portio dura et mollis*) especially, the pneumo-gastric slightly, the recurrent laryngeal, and the cerebral mass itself, as the seat of the diseased action, reflected through the facial, auditory, and laryngeal nerves, and shown in the mental irritability, the morbid sensibility to the sound of water, the convulsive twitchings of the facial muscles, the sardonic grin, and the slight objection to drink. The variety in this instance would, therefore, seem to depend only upon the fact of one or other, more or less extensive, portion of the nervous tract, being affected by the poison, rather than upon any intrinsic difference in the essential character of the disease, just as in tetanus we have all the varieties of trismus, opisthotonos, emprosthotonos; tetanus is considered as one and the same disease, physiologically and pathologically, whether they occur separately or together, each variety anatomically demonstrating the portion of the medullary tract occupied by the disease.



“ Erysipelas, again, is not less erysipelas when it attacks the leg, than when it occupies the head and face ; and whooping-cough may exist without the characteristic spasm of the throat ; and may not hydrophobia be developed in one individual with the muscles of deglutition and respiration most prominently affected, in another, the spinal nerves, or in a third, the muscles of expression and the nerve of audition ?

“ CASE.

“ On the 3rd of October, 1848, I (Mr. Leadam) was sent for to visit Joseph Young, æt. 13, who was said to be raving, and barking like a dog. I found him just recovered from a paroxysm, quiet, and saying he was better ; his father, mother and brothers surrounded the bed, having been occupied in restraining him. It was said that he was bitten by a favourite puppy about seven weeks before, that the hand bled, but that he had forgotten all about it ; that at the time, however, he had given the dog away, that the boy to whom he gave it parted with it because it foamed at the mouth, and that afterwards it was kicked out of the house and nothing more heard of it.

“ My patient had been ill since the evening of the 29th ultimo, when he was suddenly seized with violent pains in the head, clasped his hands to the forehead repeatedly, screaming out that they were running a hundred needles into his brain. He was hot and feverish, and was then seen by the assistant of a neighbouring surgeon, who applied leeches to his temples and administered some purgative medicine, had his head shorn, and applied cold lotions, considering it an attack of inflammation of the brain. He got worse during the two following days, and on the third began to make a noise like a bark, having violent paroxysms of convulsions every two or three hours, during which he fought and tore, bit at everyone, tore the bed-clothes with his teeth, knocked his head about, was uncontrollable and unconscious. During the intervals he was rational and composed, but exhausted. He remembers to have been bitten on some part of one hand, but cannot tell which ; there are two or three small scars on the left hand, which are scarcely perceptible. His present state is calm, the face a little flushed, head hot, tongue moist, pulse 80, feeble. He drinks freely and

without objection when the paroxysm is thoroughly off, but before that he cannot. While I sat down to write a prescription in the room, a fresh paroxysm occurred. It commenced with a sudden twitching up of the left corner of the mouth towards the ear, rolling of the eyes upward, looking wild and insensible; he was quite unconscious, in a state of chronic spasm; a jerking movement of the left leg, arm and shoulder then came on, the whole body was convulsed, and he began to whine exactly like a puppy, and the whine ended in a most perfect bark; so similar was it that I could hardly have believed it an imitation. This lasted for about five minutes, when, after a few more convulsive jerkings, he gasped and came to his consciousness, saying, 'I am better now.' During the convulsion he snapped and bit at all about him, tore the bed-clothes with his teeth, &c. On first recovering we offered him some toast-water; he could not drink, but shook his head and grunted. I blew upon him, it had no effect; the water fell on him without exciting him. I then let the water run into a basin with a noise, the sound immediately produced a convulsive paroxysm, which ceased directly the noise was stopped. During the paroxysm the pulse ran up to about 150. I ordered the strait jacket to be put on him, with directions to loose it always as soon as the fit was over, as it was found that he was so extremely irritable, that the least thwarting or refusal to give him what he desired, threw him into a fit. I prescribed *belladonna* 3 gtt. iij.; *aquæ font.* 3 iij.; *coch. magn.* ij.; *tertiâ quâque.* horâ sum.

" 8 p.m. In a sound sleep; has had three or four severe paroxysms during the afternoon, but of short duration, and the bark is less distinct and loud; pulse 84, skin comfortable, bowels not relieved, urine free. There was great difficulty in arousing him—when he did awake he put out his tongue, which was white, and drank his medicine; he complained of thirst. While yet asleep I held a cloth up filled with water, and let the drippings run into a basin, so as to make a sound, he was immediately convulsed, the left arm and leg jerking violently, his mouth twitched spasmodically, the left angle being drawn up so as to give the expression of risus sardonicus. I repeated the noise of flowing water several times, the effect was instantaneous each time,

and its cessation was as quickly followed by an arrest of the convulsion, and deep sleep again. R. *belladonna* 3, gtt. iij., *aq. fontanæ* 3 iii., *coch. mag.* i, sextis horis, in alternatione cum *lachesis* 2/12

“ Oct. 4th, 9 a.m. Has been tolerably quiet all night, slept well, and without convulsion. Is now in a paroxysm, which has lasted about half an hour, but seems to be passing off, as he is becoming conscious, and has only an involuntary jerking of the arm and leg, which move as if he were touched by an electric wire. During the fit he holloa'd out a good deal, spat about—the floor by the side of his bed being covered by frothy saliva; but the barking has disappeared; he quite recovered himself while I was in the room, drank his medicine without objection, put out his tongue, and replied correctly to my questions. I then poured some water into the basin, when he instantly became convulsed by a jerking of one side of the body, and turning up of the eyes, but it never continued after the noise ceased. The pulse 99, feeble; bowels open naturally; tongue white and moist. Ordered broth to be given freely. Omit *lachesis*. Pergat cum *belladonna* tertiis horis.

“ Vespere. No fit since 12 o'clock, but just before that hour had two or three, and barked a good deal again. Is now in a deep sleep. While the stupor was still upon him, I poured out his medicine with a sound, and he was again spasmodically affected in the arm and leg. At length we aroused him; he drank with facility; there had been one evacuation. Tongue moist, white; pulse feeble and intermitting, only 66; heart's beat very faint. Ordered broth freely; brandy and water, equal parts.; rep. *belladonna*, 6tis horis; *hyoscyamus* 2/12 6tis horis (alternately).

Oct. 5th, 10 a.m. Has passed a good night without convulsion; taken 2 oz. of brandy, some broth also; craves for meat, and is so excitable that if refused anything he becomes flushed and convulsed. He says he is quite well, and desires to get up. On being told he must not, signs of a fit came over him as before; he was for a minute unconscious. Pulse 90 and regular; tongue dirty, but moist; he only spits out when convulsed; has no headache; bowels open; urine free and natural; drinks well. But with all these favourable symptoms, I no sooner began to pour out some water than his leg

became convulsed, his features changed, and he had the appearance of an approaching fit. It, however, passed away on the noise ceasing. Rep. *belladonna* 3, in alt. cum *hyoscyamus* 12. Brandy and water; beef-tea.

Vespere 9. In a profound sleep; has had no fits; but again on trying the effect of falling water he became convulsed; when awake he states that it makes him feel bad all over, and causes pricking and shooting in his limbs. Urinating does not produce it, and to-day he had some warm water, sat up in bed to be washed, and took up the flannel and let the water run from it, saying, 'It does not hurt me now.' But his mother went to scour the room, and was obliged to desist because it brought on the convulsive jerkings. Pulse 75, very compressible, but regular; hands and face cool. He says he feels much better. Pergat.

"Oct. 6th. Has had no fit, and to-day can bear the sound of water without flinching; says he is quite well and hungry; desires to get up. Pulse 79; bowels open. Pergat.

Oct. 7th. Sitting up, apparently quite well. Pulse rather quick; appetite good. Smiles at the sound of water. Repet. medicina.

Oct. 9th. Quite well, and no further treatment required.

Oct. 17th. Continues well."

Mr. Leadam called upon Dr. James Copland, an authority, who had made special study of hydrophobia, and read this case to him. This gentleman declared that it was an undoubted case of rabies [? hydrophobia], but when he heard how it was cured, he lifted up his hands and said, "Ah! it got well of itself."

## CASE II.

### *Lachesis, Belladonna: Recovery.*

In 1849 a case, reported by Mr. Ramsbotham, of recovery from hydrophobia excited much interest and very acrid controversy; it is reported and commented upon in vol. viii. of the *British Journal of Homœopathy*, 1850.

"On the 6th of last June a mad dog at Queenshead bit four men and an ass. Of these, the first who was taken ill was Henry Greenwood. This was upon the 4th of July. On the 5th he complained of headache, sore-

ness of throat, and an indescribable sensation over all his body. He was seen by Dr. Currie upon the 7th, who bled him and applied a blister to the back of his neck. He was seen by Dr. Inglis and Mr. Fawthrop on the afternoon of the 8th, and died that night in convulsions. He had no particular dread of water, and swallowed liquids, though with difficulty, two or three hours before his death. The second victim was James Bairstow, who was in his usual health till Saturday, the 28th of July. He then began to feel pain in the bitten part, extending to the arm and head; he was irritable and unwell the following day, and at 4 o'clock on the Monday morning he began to rage, and was seen by Mr. Fawthrop at 5 o'clock and by Dr. Inglis at 9 o'clock of the same day. He died at 3 o'clock that afternoon.

The ass was bitten on the 5th of June and became very unruly on the 31st of July, biting at everything within its reach, and lacerating its body with its teeth, till it was a dreadful spectacle. The poor beast was seen by a veterinary surgeon, who pronounced it to be rabid and ordered it to be shot, which sentence was accordingly carried into immediate execution.

James Hopkinson was bitten by the same dog upon the 6th of June. He was intoxicated on the 29th of July, and on the following day had an attack of vomiting. He went to his work the next day, and continued well till the 2nd of August, when he began to feel an aching pain like rheumatism in the bitten arm. The pain continued to spread up the arm; and on the 3rd he walked to Colne, a distance of nearly twenty miles, for what is called the Colne medicine, which he took on the morning of the 4th. He walked back the same day, and was much exhausted on his arrival. He was seized with shivering, and went to bed about nine o'clock. He had not been long in bed when convulsions came on, which lasted for a quarter of an hour; there were spasms in the arms, legs and trunk. He passed a restless night, with great heat and perspiration. The same symptoms returned, though with greater severity, the following afternoon, which was Sunday, the 5th of August. He was seen by Mr. Ramsbotham between three and four o'clock of the following morning, Monday, the 6th of August, who thus describes the condition he found him in: "His face was flushed, the countenance expressing great anxiety, and a

peculiar brightness of the eyes; intense thirst, which drinking in no degree allayed. He complained of a parched feeling in the mouth, and was continually endeavouring to moisten his lips with his tongue; I examined his mouth, which seemed to have a plentiful supply of saliva. There was no unnatural appearance under the tongue, which was covered with a white fur. The throat was red and congested, but he complained of no pain in it. The aching pain in the limbs was now a subject of great complaint; it followed the course of the nerves, was very bad in the neck, and he said he felt sure that unless it mended he would be choked. This sensation extended to the chest, and produced a great feeling of anxiety there. He had no dread of water, but complained of difficulty of swallowing, not from sore throat, but as if something met the water in the throat. Pulse 76, full and jerking. He got a dose of *lachesis* 5th dilution, and in the course of a quarter of an hour he felt better; he afterwards got *belladonna* 3rd dilution. From this time he steadily recovered, and by noon all the symptoms of hydrophobia had disappeared. At this date (1st December) he continues quite well, working daily at a stone quarry."

The above case appears to have been one of incipient hydrophobia; otherwise it is difficult to account for the spasms of the muscles and the difficulty of swallowing. Where hysteria imitates hydrophobia it is to be noticed that the most prominent symptom is dread of water.

### CASE III.

*Belladonna, Ignatia. Death.*

In vol. xxxiii. of the *British Journal of Homœopathy*, Dr. C. H. Blackley reports two cases of hydrophobia. One was in the doctor's own dog and untreated, it is an admirable picture of the disease in that animal and admirably reported. The other case was that of a girl, eleven years of age, bitten severely on one cheek. The wound was not specially treated and healed well in a fortnight. There were scratches as if from teeth on the other cheek. Thirty-two days after the bite she began to complain of being weary and incapable of mental exertion. On January 26th, thirty-three days after the wound was made, she complained of pain in the cicatrix and also of some stiffness in the muscles of the neck and throat. The scratches on the cheek became red and on

the following day looked quite fresh, as if they had been made only a few hours before, but were a little darker in colour than newly made abrasions would have been. It was at this point (January 27th) that Dr. Blackley saw the case. He writes:—

“The cicatrix behind the jaw was perfectly normal in appearance, but was a little tender to the touch,” and then he describes a typical case of hydrophobia. Continuing:—“Prescribed *belladonna* 1x in two drop doses every two hours, alternately with *ignatia* 1 every two hours.”

After a restless night, the condition next evening was:—“Swallowing more difficult; seems to be much more sensitive to external stimuli; the sight or sound of moving water brings on spasm; a very gentle stream of air projected from my own lips on to the patient’s forehead, and continued only for a few seconds, brought on a violent spasm. Prescribed *belladonna*  $\phi$ , in drop doses every two hours, with *ignatia* 1x, every two hours, alternately.” The symptoms progressed; next day she had most of the well-recognised manifestations of the disease, and she died on the morning of the 30th of January.

#### CASE IV.

In the *American Observer* (May, 1880) Dr. Dubbs gives a case in which hydrophobia symptoms supervened upon a bite by some creature unknown (probably a skunk), and yielded to *stramonium* 2, given every five minutes. He calls it one of genuine hydrophobia, but this must be negatived as the attack appeared in 24 hours.

(To be continued.)

#### DR. SHARP ON THERAPEUTICS.\*

By C. B. KER, M.D., Edin.

IN a recently published volume, Dr. Sharp has given us six more of his notable tracts, forty-four of which having been already published. They show no sign of intellectual torpidity, though their author has passed his eightieth year. They furnish us with the experience of a keen-sighted, hard-working medical practitioner and

\*Therapeutics founded upon Organopathy and Antipraxy. By William Sharp, M.D., F.R.S. London: George Bell & Sons, York Street, Covent Garden.



philosopher, an experience gained by upwards of sixty years of practice. That the experience of Dr. Sharp will prove of value to the profession no one will doubt. The sixty years experience of any hard-working man must be of value, and of value in proportion to his powers of observation and reasoning. That Dr. Sharp has the mental qualifications necessary to observe and reason well his already published works show. And what is the experience of medicine which sixty years practice of it has furnished him with? It is not unlike that of a very large number of the best men of our profession, not only of the present but of past times. It is very much that of Sir John Forbes, "Things have arrived at such a pitch that they cannot be worse, they must end or mend." Sir John Forbes gave utterance to this experience after having practised medicine for half-a-century. And what does Dr. Sharp say after his longer experience? "Therapeutics—the art of healing—has been based upon many foundations; all of them have failed to give satisfaction." And his explanation of this lamentable fact is, "that all these foundations have been theories." But what distinguishes Dr. Sharp from the pessimists of his profession who not only find fault, but find no remedy, almost deny that a remedy can be found, is his faith in the future of medicine, and his condemnation of scepticism in therapeutics. He says:—"Nothing can remedy these misfortunes but the adoption of a practice founded, not upon theory, but upon facts—facts which everyone may verify for himself."

Dr. Sharp believes that he has found the remedy for this rotten state of therapeutics in the fact Organopathy and the fact Antipraxy; organopathy meaning the local action of drugs, and antipraxy the contrary action of larger and smaller doses of drugs. "Upon these two pillars," he says, "a platform may be raised, on which men of all sides and diversities of opinion may meet and shake hands with each other," organopathy and antipraxy not being theories, but "laws of nature or law-facts."

Dr. Sharp sees, of course, that the *onus probandi* as to those pillars of fact rests with him. Is organopathy a fact, is antipraxy a fact? He believes both to be facts. As to organopathy, he has in past essays said very fully all he has to say upon it. In the essays of this volume

“it may be sufficient to say that . . . it is taken as established.”

As to antipraxy, the main portion of this work is devoted to its explanation, the arguments establishing it, the difficulties connected with it and the objections that have been urged against it.

“Antipraxy expresses the fact that certain larger and smaller doses of the same drug act in contrary directions.

. . . This contrary action of larger and smaller doses of the same drug is independent of disease. Neither has it any necessary connection with therapeutics. A healthy man takes a grain of opium, he is put into an apoplectic sleep, and his bowels are confined. At another time he takes a few doses of the hundredth part of a drop of laudanum, or perhaps one dose of half a drop, his brain is excited and his bowels are slightly relaxed. Another healthy man takes half-an-ounce of castor oil, he is purged. At another time he takes a few doses of the fiftieth part of a drop, or perhaps, one dose of a drop; constipation follows. I have taken when in health, one drop of a strong tincture of *aconite*, and the beats of my heart have been made much more frequent. At another time I have taken the hundredth part of one of these drops, and the beating has been made slower. At one time I have applied a strong tincture of *bella-donna* to the eyebrow, and the pupil has been dilated. At another time a very weak tincture, and the pupil has been slightly but sensibly contracted. This is antipraxy. The word has been chosen to express all these and a multitude of similarly contrary actions of different doses of the same drugs. Antipraxy is an induction, according to the law of uniformity now acknowledged by all students of physical science, from a large number of such individual facts as these, all being the results of experiments with drugs made in known doses on healthy persons.”

As will be seen from this quotation, the range of doses to be called large and small is not given. The question, “what is a large and what is a small dose?” is not answered; but Dr. Sharp promises us an appendix, in which he will doubtless be more explicit on the subject of dose than he has been in these essays. Indeed, he says in the preface, “the actual doses prescribed in the cases which I propose to give in an appendix when these

essays are finished are always very carefully given." Without this information it will be impossible for those who wish to verify for themselves the statements made by Dr. Sharp in this volume to test them fairly. And it is all the more necessary for him to be explicit in this matter of dose, as, in these essays not only is mention made of large and small doses, but of doses that are neither large nor small:—"A question will arise in the mind of everyone who thinks about antipraxy, which requires an answer. What about the dividing line—the line which separates the larger doses which have their action, from the smaller ones which have the contrary action? Is the division a sharp one, and between two doses? Or, is there a central region, where the doses have no action at all? This question presented itself to me on the first glimpse of these contrary actions. I said the question cannot be answered by speculations, only by experiments. These were undertaken, and the result was that there is a middle region, not of no action at all, but consisting of a group of doses which have both actions in succession. These doses act first in one direction and then in the opposite one."

Many difficulties present themselves to the mind on reading this paragraph, difficulties, however, which the appendix may give a solution to. Will the terms large, small and medium signify so many drops or grains, or parts of drops or grains, absolutely or only relatively? Will those terms apply equally to the drugs *pulsatilla* and *prussic acid*—so many drops constituting large, so many small, and so many medium doses? If the answer is in the negative, will those terms mean something different in the case of some drugs only or in the case of all drugs? Is the large dose of one drug to be 50 drops or grains, and of another to be 5 drops or grains? Or is 50 drops or grains to be the large dose of all drugs? But, as has been said, an appendix has been promised us by Dr. Sharp, in which this difficulty will in all probability be minimised if not altogether removed.

It will not unlikely be objected by many readers of this work that the author has, upon the data of the experiments he has made with different sized doses of a certain number of drugs, come too hastily to the large generalisation of antipraxy. The question, however, is

one of fact, and can only be answered by experiments made on the lines laid down by Dr. Sharp. It may be said that his experiments have been repeated by Dr. Nicholson and Dr. Dudgeon, as far as *digitalis* is concerned at all events, and that their results did not bear out the conclusions arrived at by Dr. Sharp. But though such contradiction shows us that much remains to be done before antipraxy is established as a fact, it cannot be said to be proof positive that antipraxy is not a fact. We must have many experiments made with many drugs on many persons before the question is settled. In the meantime we must, remembering all that Dr. Sharp has written and said on medical subjects, reserve our judgment on his new doctrine, and take it for granted that he must have good grounds for his confident belief in it. No one knows better than Dr. Sharp the difficulties that stand in the way of the acceptance of antipraxy, and a whole essay of this volume is devoted to meeting them; and no one can more readily recognise the fact that much must be done before it will gain general recognition. What he himself has done establishes antipraxy as a law-fact in his own opinion; but he is the last man to ask his brethren of the profession to accept his *ipse dixit* in this matter. It is not opinion Dr. Sharp has faith in; he gives faith only to fact, and he asks us to do the same, confident that, if we experiment with drugs as he has done, we shall come to the same conclusion—"that certain larger and smaller doses of the same drug act in contrary directions."

Dr. Sharp has given us, in addition to the essays devoted to antipraxy, others on the *Defects of Orthodox Medicine*, on the *Defects of Hahnemann's System*, and on the *Medicine of the Future*. We do not propose to enter here upon a criticism of those essays. They are all of them, however, interesting. The style in which they are written is lucid and readable. The argument is stated and the illustrations follow in order, each one strengthening the one before. One cannot fail to remark on the tone, also, of this work. It is that of the Christian gentleman. When he differs from you, he does so almost deprecatingly and apologetically, and with the explanation that having fact in his support, or what he believes to be fact, he can do no other. You see, too, that he

craves for sympathy. He feels that he has fought a good fight for medicine, and, in giving us this volume as a kind of legacy to the profession, he would fain have us accept it in the spirit in which he offers it to us. Let us thank him for it in that same spirit, and we surely can do so with heart and soul, even those amongst us who cannot see the truth of the doctrines he preaches.

Cheltenham, Feb. 10th, 1887.

### OPTIC NEURITIS IN CHRONIC ANÆMIA.

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EVIDENCE has undoubtedly been produced to show that optic neuritis occasionally occurs during the course of chronic anæmia; but opinion is divided whether the neuritis is caused by, or is only an accidental complication of, the chlorotic condition. Dr. Gowers, in his *Medical Ophthalmoscopy*, Second Edition, p. 209, has recorded two cases, in one of which he specially remarked the rapidity with which the neuritis developed, an observation which is confirmed by one of the two cases now reported.

Dr. Gowers also notes that all the patients presented a slight degree of hypermetropia, and expressed an opinion that as "it is generally admitted that this condition is capable of causing slight congestion of the disc, it is possible that in these cases of chlorotic neuritis the hypermetropia may help in setting up changes in the papilla, which in the special blood state progress to a much more intense degree than they would otherwise attain." This view has been supported by Dr. Saundby and Mr. Eales, in a paper in the *Ophthalmic Review*, vol. I., p. 303, on Changes in the Fundus Oculi in Anæmia; and is strengthened by the present cases, in so far that the refraction of both cases was distinctly hypermetropic. The disease, in its association with chronic anæmia, is sufficiently uncommon to make the record of the two following cases of interest. In both the anæmia was marked enough to attract immediate attention, and was the only assignable cause. Enough time has elapsed to negative any cerebral origin for the

neuritis, since no symptoms of coarse brain disease have been subsequently developed. The treatment adopted in both cases consisted in the administration of *Belladonna* and *Iron*, either alone, or in alternation; the eyes being protected from bright light by blue glasses.

CASE I.—J. C., a parlour-maid, aged 22, had been for some months a well-marked chlorotic, the chlorosis being attended with distressing gastrodynia, for which she was under treatment for a month in the Buchanan Cottage Hospital. In January, 1885, she was in her usual health, but still very anæmic, when, on March 27th, 1885, she complained of severe throbbing headache, occasional vomiting, rushing noises in the ear and vertigo. This was relieved by *Glonoin* and *Cocculus* given in alternation. On March 30th she complained that vision seemed indifferent and misty, and that there was slight diplopia. On April 1st the dimness of sight had rapidly increased, so that she could not see distant objects clearly. The record of the actual acuteness of vision has been lost, but the ophthalmoscope showed well-marked double optic neuritis. On April 3rd she was again admitted to the Buchanan Cottage Hospital. There was intense anæmia, with headache; the patient vomited once. There was well-marked optic neuritis of both eyes, the discs were quite obscured, veins very full, with one or two small extravasations in their course. She was unable to read largest type. Still some diplopia; her refraction was distinctly hypermetropic. Ordered Tr. *Belladonna* every two hours.

April 4. Has passed a good night; there is less headache. Pulse 68. To-day some slight convergent strabismus of the right eye was noted. Ordered *Liq. Ferri. Chlor-oxydi* in alternation with the *Belladonna*.

April 6. Still less headache; strabismus scarcely perceptible.

The strabismus and diplopia disappeared in a few days, the neuritis slowly subsided, and the patient regained her health. She was discharged May 11th with vision much improved, but still evident neuritis. She was seen some months after her discharge, when vision for reading and distance was normal; and there was only a trace of the optic neuritis. She was seen again this autumn when she was healthy and well, had lost all her chlorosis and could work with her eyes as well as ever.

CASE II.—F. D., a servant, aged 18, presented herself at the Homœopathic Dispensary on June 24th, 1885. She was markedly anæmic, the anæmia having much increased in intensity during the last three weeks. Her sight had not been good for two years, but this may be accounted for by the state of her refraction, which was hypermetropic. R.E. v.,  $\frac{6}{8}$ ; L.E. v.,  $\frac{6}{8}$ . By the ophthalmoscope there was well-marked optic neuritis of the R.E. In the L.E. the edge of the papilla was ill-defined and the papilla itself hyperæmic. She was ordered *Liq. Ferri Perchlor.* She remained under treatment till August, when it is noted that the neuritis of the R.E. was subsiding, and that the papilla of the L.E. had quite cleared up. She was not seen again till October 19th, when the papilla of the right eye was found atrophied, with vision  $\frac{6}{8}$ , and that there was a distinct pallor of the lower half of the left papilla, with vision  $\frac{6}{8}$ . Correction of her hypermetropia did not, to any material extent, improve her vision.

St. Leonards-on-Sea.

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## LIBERTY OF OPINION IN THE ART OF THERAPEUTICS.

THE Margaret Street Infirmary for Consumption and Diseases of the Chest, now in the fortieth year of its existence, has recently been the arena of a conflict between the partisans of old-school medicine and the adherents of homœopathy. It has a large staff of medical officers, two of whom, Dr. Jagielski, one of the three physicians in ordinary, and Dr. Marsh, one of the visiting physicians, have for several years been converts to the system of Hahnemann, and have employed homœopathic remedies in the treatment of their patients in the Infirmary. Though they made no concealment of their change of treatment, no notice was taken of this until last year, when a movement was commenced by some of the members of the Medical Staff, aided by the Executive Committee, to oust them from their posts on the Medical Staff. At the instigation of six of the allopathic members of the staff, the Executive Committee addressed a letter to Drs. Jagielski and Marsh, calling on them to cease treating the patients homœopathically, to resign



any appointments they held in homœopathic institutions (Dr. Marsh, as is well known, is one of the physicians to the London Homœopathic Hospital), or to resign their appointments on the Staff of the Infirmary. Our two colleagues replied that the laws of the Infirmary gave the Executive Committee no right to interfere with the medical practice of their medical officers, nor to require their resignation of appointments outside the Infirmary, nor to call upon them to resign their appointments on the Staff of the Infirmary. On this the Executive Committee summoned a Special General Meeting of the Governors, "in order to ascertain their views on the subject," but owing to an informality in the mode of summoning the meeting, it could not do anything. The Annual General Meeting is fixed by the laws of the Infirmary to take place on the fourth Wednesday of January. Accordingly on that day—the 26th January—the opponents of homœopathy on the Medical Staff, the Executive Committee and their friends among the Governors assembled in unusual numbers, resolved to try and do something to secure the ejection of the innovating physicians from the Infirmary. But with the fatality that seems to attend all the proceedings of the Executive Committee, it was found that the accounts had not been audited, and therefore could not be passed, and that the report had not been presented in due form, so the chairman, Lord Grimthorpe, decided that, as in consequence of this neglect no business could be transacted at this meeting, it must be adjourned to a future day. But before the adjournment Dr. Dudgeon called the attention of the meeting to a circular that had been sent to the Governors by seven members of the Medical Staff, in which they assumed to be "The Medical Staff," though they were only a portion of it, and no meeting of the Medical Staff had been summoned as required by the laws in order to consider the circular issued in their name. He begged to move that these seven members, in claiming to be the Medical Staff, had acted in an irregular manner. This was seconded by Dr. Jagielski, and carried by a show of hands.

Dr. Dudgeon next directed the attention of the meeting to the letter addressed by the Executive Committee to Drs. Jagielski and Marsh, which he contended was not authorised by the laws of the Infirmary, which

gave the Executive Committee no authority to dictate to the medical officers how they should practise, still less did the laws give the Executive Committee any right to call on any of the Medical Staff to resign their appointments on the staff. He therefore moved that the Executive Committee in sending this letter to Drs. Jagielski and Marsh had committed an irregularity. This motion too was passed, the votes being 19 for the motion and 15 against. Of course the committee, who were present in force, voted to a man against the motion which condemned their own action. At the adjourned Annual Meeting held on the 2nd February, the accounts being audited and the report properly presented, these were both passed, and no further effort was made to interfere with the physicians who had adopted the homœopathic treatment.

Thus the endeavour of the seven objecting members of the Medical Staff and of their friends in the Executive Committee, came to naught, and both got from the meeting what practically amounted to a vote of censure, for their attempts to interfere with the liberty of opinion and of practice of the physicians of the Institution.

The cause of right and justice has thus triumphed in the Infirmary, but it is not to be expected that the bigots will sit down quietly under their defeat. Were they ever so much disposed to let matters alone, the medical periodicals and societies would not suffer them to do so. Indeed, the week before the question was decided, the *Lancet*, in a short paragraph, said that if the physicians who practised homœopathically in the Infirmary were not turned out, it would be the duty of the other doctors to resign. Nothing could give the advocates of liberty of opinion more pleasure than to see the intolerant party send in their resignations, for it is always delightful to see your adversary "cut off his nose to vex his face." But we doubt if this happiness is in store for us, at least not without some further effort on the part of the champions of intolerance. In the meantime the posts of Drs. Jagielski and Marsh are quite safe, for the proceedings of the last two months have shown that, by the laws and constitution of the Infirmary, no one has the right to find fault with the practice of the physicians, and that they are practically irremovable.

Moreover, the seven illiberal members of the Medical

Staff do not include the whole of the non-homœopathic physicians. The senior physician of the Infirmary, Dr. Cooper Torry, is strongly opposed to the action of the seven, and is a zealous advocate of the right of every medical officer to practise according to his convictions. It is extremely gratifying to us to find a man of Dr. Torry's eminence and experience such a staunch upholder of freedom in matters of science, and of justice to his colleagues, even though they differ from him in their medical views.

The spirit of this intolerant seven offers a marked and lamentable contrast to that of their liberal-minded colleague. There is something pitiful and contemptible in the spectacle of a number of the representatives of what ought to be a liberal profession, who arrogantly claim to be scientific while they deny us all right to the appellation, thus stultifying their pretensions and degrading a noble calling by banding themselves together into a trades-union gang for the purpose of suppressing liberty of opinion, attempting to force their own views on their colleagues, or in the event of not succeeding in this, endeavouring to obtain their expulsion from the posts they have hitherto filled with credit to themselves and advantage to their patients. In order to accomplish their unworthy end they issue a circular addressed to the Governors of the Infirmary, in which they incorrectly describe themselves as *The Medical Staff*, a title to which they have no more right than the three tailors of Tooley Street had to that of "*the people of England*." In this circular, in which they prate of their "fairness and honesty," they insinuate that their two colleagues obtained their election to the medical staff on false pretences, viz., by falsely representing themselves to be "duly qualified medical men practising medicine on generally recognised principles," when they knew very well that Dr. Jagielski and Dr. Marsh had all the qualifications required by the laws of the Infirmary, and that they practised medicine in the ordinary manner when they were elected, and only adopted the homœopathic treatment some years afterwards, after careful study of it and conviction of its truth.

It is absurd to suppose that physicians, who, when first elected, were considered perfectly competent to fulfil the duties of medical officers of the Infirmary, should become

incompetent because they have learned more than they knew before, and have made themselves practically acquainted with what they consider a better method of treatment. The mode adopted by the seven members of the staff to disprove the truth of homœopathy, reminds us of the celebrated Irish criminal, who, when he was told that two witnesses were ready to swear that they had seen him commit the crime, said he could bring twenty witnesses who would swear they had not seen him do it. This negative testimony was not held to be as valuable as the prisoner believed it to be ; but this is precisely the sort of testimony adduced by these opponents of homœopathy. Two of the staff, having carefully tried homœopathy, testify to its excellence ; but seven of the staff, not having tried it, confidently assert that it is utterly useless. Seven witnesses must surely outweigh two !

This sort of negative evidence is overwhelmingly convincing to medical societies, from which all who have any practical acquaintance with homœopathy are rigidly excluded, and where every member has formed a foregone conclusion, evolved, like the German professor's camel, from his inner consciousness, that homœopathy is utterly and entirely wrong. But when such evidence is brought before a meeting of intelligent laymen it is brushed aside as altogether worthless, and the testimony of those who have studied and tried the treatment is alone regarded as entitled to any consideration.

The rebuff given by the resolutions passed by the meeting to the meddlesome and bigoted adherents of the old school, and their aiders and abettors in the Executive Committee, is a triumph for the cause of freedom of opinion in medicine. Had the intolerant anti-homœopathic representatives of old school medicine in the Infirmary for Consumption had their own way, and been confirmed in their pretensions to suppress the practice of their colleagues when it differed from their own, they would have succeeded in forging a weapon which on some future occasion would assuredly have been used against themselves. In the meantime, the Governors of the Infirmary deserve the grateful thanks of the whole medical profession for having vindicated the right of every medical man to practise his profession in

the way he thinks most conducive to the advantage of his patients.

It is curious to note that the College of Physicians in the celebrated resolution which it passed in 1881, designedly against the practitioners of homœopathy, commences its intended anathema by saying: "The College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine." But these seven members of the medical staff of the Infirmary have no hesitation in rushing in where the College feared to tread, for they evince the most earnest desire to fetter the opinions of their members.

In the circular to the Governors, in which the seven members of the medical staff impudently represent themselves to be "The Medical Staff"—for which they were justly rebuked by the meeting—and in which they make the *suggestio falsi* that their two colleagues obtained their election to the Staff under false pretences, these high-minded gentlemen utterly deny the accusation of "conspiracy and persecution" brought against them by their two colleagues in a circular they addressed to the Governors. In this paper Dr. Jagielski and Dr. Marsh do certainly accuse "some members of the Executive Committee" of "conspiracy and persecution," but they do not indicate their opponents on the medical staff. The energy with which the seven members of the medical staff repudiate the accusation which was not especially directed to their address, looks like a consciousness of guilt, and their profession of "fair and honest" conduct reminds us of the lady who Hamlet's mother thought "doth protest too much."

The whole transaction would make a good plot for a melodrama. We have first the two doctors testing the heretical system in secret, then becoming satisfied of its efficacy, and openly practising it on their patients. Then we see the seven sworn enemies of innovation and defenders of the ancient faith (by-the-bye seven is a capital number; there were seven sages of Greece, and there are seven cardinal virtues and seven deadly sins,) labouring to induce the old and venerable senior physician to join them; but foiled in their attempt by his incorruptible virtue and attachment to freedom of conscience, they conspire in secret, hold hole-and-corner meetings, at

which they draw up a round robin calling on the Executive Committee to expel the heretics. The Executive Committee, nothing loth, summon the innovating two to renounce their heresy or else leave the sacred precincts of the temple of orthodoxy. The two positively refuse, and defy the committee to do their worst. The committee try accordingly, but can do nothing. Then the Annual Meeting comes on, and the conspirators muster in strong force, hoping that some opportunity will present itself for carrying their desire into execution; but one of the Governors, who has devoted himself to a profound study of the laws of the institution, shows that in acting as they have done both the seven conspirators and their accomplices of the Executive Committee have broken these laws. On this the meeting passes a vote of censure on both sets of law-breakers, and the curtain falls on a grand tableau, representing the Triumph of Liberty of Opinion and the Defeat of Bigotry and Obscurantism!

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Since the above was in type the enemies of homœopathy in the Executive Committee, ignoring altogether the votes of the Annual General Meeting, summoned a Special General Meeting of the Governors, which was held on the 16th February. At this meeting, at which Lord Grimthorpe again presided, the Rev. W. R. Mowll, the Chairman of the Executive Committee, moved the following resolution: "It having been proved that Drs. Jagielski and Marsh have treated patients of the Infirmary homœopathically, that Dr. Jagielski's name appears in the *Homœopathic Directory*, and that Dr. Marsh holds an appointment on the Staff of the London Homœopathic Hospital, these gentlemen be requested to resign their position on the Staff of the Infirmary." This was seconded by Captain Hunter Baillie, a member of the Executive Committee. Dr. Dudgeon moved an amendment to this effect: "That any attempt to limit the liberty of opinion or practice of the Medical Officers is not sanctioned by the laws of the Infirmary, is prejudicial to the interests of the Infirmary and its patients, and is contrary to the spirit of the Medical Act of 1859." This was seconded by Mr. Oliver Bryant, and after a lively discussion, in which Dr. Cholmely figured as the advocate of the objecting members of the Medical Staff, and was supported by the Rev. J. J. Coxhead, a member

of the Executive Committee, while Drs. Jagielski and Marsh ably defended their action, the amendment was put to the vote and carried by 20 against 17. Previously to the meeting a circular had been sent to the Governors, marked in red ink "Urgent and Important," earnestly entreating the Governors to attend the meeting and support the motion for compelling the two homœopathizing Medical Officers to resign, and declaring that if the homœopathic practice was continued in the Infirmary the majority of the Medical Staff would resign their posts thereat. This was signed by six of the Medical Staff, the Treasurer, the Solicitor, and several of the Executive Committee, in all 15 persons. But as the opponents of liberty of opinion could only muster 17, it does not seem that this appeal to the Governors had had much effect.

Since their decisive defeat, we learn from the *Lancet* that seven members of the Medical Staff have sent in their resignation, and the same step has been taken by their chief supporters in the Executive Committee. It is to be hoped that the friends of liberty of opinion in medical matters will come forward in large numbers and become Governors of the Infirmary, in order to keep it in a flourishing condition as an Institution not dominated by the narrow-minded exclusiveness of a sect, but one where the medical officers are accorded perfect liberty of opinion and practice in the art of therapeutics.

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## REVIEWS.

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*A System of Surgery*, by W. TOD HELMUTH, M.D., Professor of Surgery in the New York Homœopathic Medical College. Fifth edition; enlarged, re-arranged and revised. Philadelphia: F. E. Boericke. 1887.

THAT a fifth edition of Professor Helmuth's standard work on surgery should be called for is ample testimony to its great value, not only as a text-book for the student but as a volume of reference for the actively engaged practitioner. As an indefatigable student of his art, as a thoroughly sound surgeon, a bold and brilliant operator, and a clear and painstaking teacher, Professor Helmuth has few rivals. His complete knowledge of the science and art of surgery, and his capacity to convey this knowledge to others, stand out prominently in the volume before us in the thoroughness with which he deals with all the minutiae of the processes of disease and injury



which belong to the department of surgery, and the clearness with which he describes the operative proceedings required in some, and the details of management in all. We could have wished that he had been more precise in pointing out the indications for the use of medicines, where medicines are competent to relieve, than he has been. From doing so he excuses himself in the chapter on *Inflammation* in the following terms :—"Of course," he says, "it would be highly improper to administer any of the above-mentioned medicines merely for the few indications that have been mentioned ; *the totality of the symptoms* must be considered ; but it would certainly be impossible to mention in this chapter the medicines that are to be exhibited in every case of inflammation, for the disease, as is well known, occupies not only the attention of the surgeon, but constitutes a large proportion of those affections that are encountered by the ordinary practitioner in the daily performance of his duty." We could have liked to have learned somewhat more of Dr. Helmuth's experience of the value of medicine in surgical disease than the limits he imposes upon himself have allowed him to communicate to us. Hence, where medicines are mentioned, they are so only in groups, and to select the appropriate one for the individual case the practitioner must fall back on the *Materia Medica*.

The revolution which has taken place in surgery during the lifetime of many of us, first, through the introduction of anæsthesia, and more recently through Professor Lister's work in antiseptic surgery, is almost inconceivable. It has led to the development of operations where these would have been impossible aforesaid, and has given rise to results which years ago would never have been looked or hoped for.

Professor Helmuth gives the preference to ether as an anæsthetic over chloroform, regarding it as safer. He, however, says nothing about the A. C. E. mixture, which is so generally used by English surgeons, it having been proved to be safer and better in every way than either ether or chloroform alone.

In the treatment of pyæmia, Dr. Helmuth says that, for several years past, he has employed with signal success the hypodermic injection of from 40 to 80 minims of Déclat's nascent phenic acid, night and morning. He has never known any bad results to follow, while he has had some remarkable successes. "When," he says, "the poison has been removed from the system, and prostration and exhaustion are extreme, *arsenic* and *muriatic acid* are the most reliable remedies." He also speaks of the value of stimulation during the active stage of pyæmia, the amount of spirit which can be taken with advantage being apparently almost as great as in rattlesnake poisoning.

In writing on antiseptics—and here we may notice that a very full and clear account of Listerism is given—Dr. Helmuth says that, in the treatment of wounded surfaces, calendula has given him equal, if not better results, than carbolic acid, which, when yielding to the popular cry during the “bacteria craze” and the “carbolic excitement,” he employed in different proportions and different solutions.

The various operations which disease and injury may call for are detailed most clearly and minutely, while the larger proportion of them are profusely illustrated with woodcuts, which, though still somewhat rough, are in most instances better than in previous editions.

The conclusion of the volume is occupied with the details of some of the more modern—such as Emmett’s operation—and of the more important—such as ovariectomy—of gynecological operations. The chapter on the latter is a very complete one. It is not a little singular that, though Dr. Helmuth dwells glowingly on the history of the operation—it having first been performed in America by Dr. McDowell, a pupil of John Bell, of Edinburgh—he, like most modern ovariectomists, entirely ignores the work accomplished by Dr. Clay, of Manchester, who forty and more years ago did more to compel attention to this operation than anyone else, and received at the time but little else than abuse for his pains, while in these latter days he has been allowed to remain in most unmerited neglect.

We can but once more heartily commend Dr. Helmuth’s *System of Surgery* to our colleagues, feeling assured that none on this important branch of study will so well serve the purposes of a work of reference or enable the practitioner to read himself abreast of modern surgical experience.

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*Essai Clinique sur le traitement homœopathique des maladies des Yeux.* Par le Docteur de KEERSMÆCKER, Bruxelles.  
Henri Lamertin, Rue Marché au Bois.

DR. KEERSMÆCKER, of Brussels, is about to publish, in eight fasciculi at a shilling each, a series of clinical essays upon the homœopathic treatment of diseases of the eye. The introduction to these is now before us, and consists of a review of homœopathy in its relation to ophthalmology. In discussing the methods of treatment suggested by therapeutists of the old school, Keersmæcker remarks upon the acknowledgment made by all of the want of remedies having any effect upon certain classes of eye diseases, and contrasts with this his experience of the treatment of such hopeless cases as suppurative choroiditis by *silica*; of nebulous corneæ clearing under

the action of *mercurius corrosivus*, *belladonna*, and *sulphur*; of the improvement of exophthalmic goitre by *belladonna*; and the arrest of atrophy of the optic nerve by *nux vomica* and *aurum*.

His position as surgeon to the State Railway has given him opportunities of witnessing the action of remedies after accidents to the eyeball of the most serious nature, and he states that the use of medicine in conjunction with the operation indicated at the time has prevented in a very large majority of the cases the necessity of a final enucleation of the eyeball. He pays a high tribute to the value of the information to be obtained as to the action of drugs upon the eye in Hale's *New Remedies*. While urging the necessity of a clinical examination of the eye, and explaining the methods to be adopted, he strongly condemns the tendency of some to treat its diseases by noting the subjective symptoms without paying sufficient attention to such as are objective, and to making a careful diagnosis. The latter part of the pamphlet is devoted to a critical examination of the homœopathic principle, and ends with an interesting story of Dr. Abadie, of Paris, who had under his care a little boy suffering with a severe and painful ulcer of the cornea, which resisted all treatment; a homœopath who was attending the family saw the case with him, and omitting all collyria, prescribed *arsenic* internally in minute doses. Abadie's assistants, to whom he was relating the case, smiled at the idea of his consultation with a homœopath, but he replied:—

“Ah! ne riez pas, Messieurs, ne riez pas, car moi, je n'ai pas ri du tout. Le lendemain, les douleurs avaient cédé. Le surlendemain, l'ulcération était en pleine voie de régression, et la cornée mit très peu de jours à réparer sa perte de substance. J'ai vu ce que je vous raconte et, pour ce que j'en ai vu, je dois le connaître l'action merveilleuse du traitement homœopathique. Aussi je me garderais bien d'en rire.”

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*The Medical Annual and Practitioner's Index, 1886-7.* Edited by PERCY WILDE, M.D. London: Hamilton Adams & Co., Paternoster Row.

THE new volume of this useful annual has just been published. It consists of 600 pages—making it rather more than double the size of the 1885-6 volume. Of these 417 are devoted to the modern treatment of disease. We merely mention its publication on this occasion, the length to which the proceedings of the British Homœopathic Society extend this month preclude us from doing more. In our next number we hope to notice it with some degree of fulness.

## MEETINGS.

### LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

#### MATERIA MEDICA BRANCH.

At a meeting of medical men held at the Dispensary, Hardman Street, Liverpool, on October 21st, 1886, it was resolved:—

“That a Society be formed for the study of the *Materia Medica*.

‘That the Society be open to all members of the medical profession.

“That the meetings be held on the third Thursday of each month, from October to May inclusive.

“That the business commence at 8.0 p.m.

“That the text-book be Dr. Carroll Dunham’s *Lectures on the Materia Medica*.”

Dr. E. MAHONEY was elected President and Dr. J. W. ELLIS Secretary of the new branch. The remainder of the evening was spent in discussing *The Therapeutic Law*.

NOVEMBER, 1886.

THE second meeting of the *Materia Medica* Society took place at the Dispensary, Hardman Street, Liverpool, on Thursday, November 18th, the President (Dr. E. Mahoney) occupying the chair. After some preliminary business Dr. Hayward introduced the subject selected for the evening’s discussion.

#### *Aconite.*

Dr. HAYWARD pointed out the elective affinity of *aconite* for the vascular system, acting chiefly upon the arterioles of all parts of the body, large doses causing excessive contraction of their muscular coats, resulting in a diminution of their calibre and a lessened blood supply to the organs to which they were distributed. This condition—which was indicated by chilliness—might pass off and a return to the normal condition ensue; or, if the dose had been sufficiently large, this condition might pass into one of vaso-motor paralysis, leading to blood stasis and congestion of the supplied organs. He believed that *aconite* led to active congestion, but never went beyond it, stopping short of actual inflammation. Notwithstanding this opinion he believed *aconite* to be valuable in acute inflammation, because the inflamed portion was always surrounded by a zone of active congestion.

He referred to the beautiful simile which Carroll Dunham gave of the action of *aconite*, comparing it to the action of a tempest passing over a landscape, leaving behind ruin and desolation in its track, and he pointed out, as the great characteristic of *aconite*, an agonising restlessness and fear of death. He alluded to the singular fact that so potent a drug

as *aconite* produced, so far as he was aware, no alteration in the structure of any organ, it being unique in this respect.

*Aconite* had no close ally, no substitute. He recommended its administration in the third to the sixth decimal dilutions in milder, and the first decimal to the third centesimal dilutions in more active congestions.

During the discussion Dr. Drysdale referred to the infrequent use of *aconite* in the present day treatment of *chronic diseases*, whereas the earlier writers on the practice of homœopathy had recorded many cases of the cure of such diseases by it.

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## NOTABILIA.

### THE HAHNEMANN DINNER.

THE annual dinner in commemoration of Hahnemann's birthday will this year be held on Wednesday, the 18th of April; the usual day, the 10th, falling on Easter Sunday.

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### DR. BRUNTON AND HOMŒOPATHY.

IN *The Lancet* of the 12th ult. there appeared a letter from Dr. Dudgeon, in which he says that "Dr. Brunton not only takes a large number of his drugs from the homœopathic *Materia Medica*, but he likewise takes his indications for the use of these drugs from homœopathic works." After mentioning a few of the most striking illustrations of this fact, he says "Dr. Brunton gives in his book a bibliographical index, with lavish references about the medicines commonly used in your school, but not a single reference about the medicines which homœopathy has introduced into medical practice. Why is this? Did Dr. Brunton re-discover all these remedies and their indications for himself? I know that Dr. Brunton is a very clever man, who has made many experiments with drugs on many frogs, but if his researches in this field had taught him the above uses of these drugs, he would certainly have told us. So we are driven to the conclusion that Dr. Brunton has borrowed extensively from homœopathy, but has studiously withheld from his readers the source of these borrowings; and, for anything that appears to the contrary in his book, he assumes to himself all the credit of all these remedies and all their indications—so strange to the practice of your school. Is this the right thing for a medical author to do? We may be a contemptible sect in the eyes of an orthodox author, but it is surely carrying cynical contempt for the rival school a little too far to 'convey' a large number of their chief remedies into his book, and to conceal carefully the source whence he has taken

them. Does not Dr. Brunton owe the profession some explanation of his extraordinary conduct?"

In the same periodical for the 19th, Dr. Brunton informs its readers that, in the preface to the third edition of the work which is to appear in a few days, he has expressed his opinions regarding homœopathy, and therefore thinks it unnecessary to occupy the columns of *The Lancet* with extracts from it.

On this we would only remark that, while we look forward with much interest to being made acquainted with his "opinions regarding homœopathy," be they what they may, they can form no excuse for plagiarism.

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#### UNIVERSITY OF EDINBURGH.

WE learn from *The Hospital Gazette* that Dr. C. D. F. Phillips has been appointed Examiner in Materia Medica in the University of Edinburgh, and it is added that he is "an old Edinburgh student." This is true, and it is also true that Dr. Phillips left Edinburgh in 1851 to spend an *annus medicus* at Aberdeen, to enable him to graduate at Marischal College; and why?—Simply because at that time for a medical student to be suspected of knowing the meaning of the word homœopathy was fatal to the chances of a candidate for an Edinburgh degree, and it was perfectly well known that Phillips not only knew the meaning of the word homœopathy, but intended to practise homœopathically, as he in point of fact did, or at any rate was supposed to do, for the first twenty years of his professional career. During its latter portion he has, like many others we believe, practised homœopathy more or less without being supposed to do anything of the kind.

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#### THE ACTION OF INFINITESIMAL DOSES.

THE old school so constantly sneer at infinitesimal doses and their possibility of producing any action whatever on the body, that it is interesting to note examples of the action of infinitesimals in the world of science. Every now and then scientific men discover that tangible effects are produced by most minute quantities, and we, from time to time, notice them as they appear. One of the most beautiful illustrations of this power of infinitesimals we quote from the *Times*, in a leader on the late Sir Joseph Whitworth, Jan. 24th:—

"When the new screws had come into general adoption, Mr. Whitworth next turned his attention to accuracy of measurement, and starting from the basis afforded by his 'true plane,' constructed an instrument capable of measuring the one-millionth part of an inch, a thickness which may be expressed by saying that it is contained four thousand time

in that of an ordinary sheet of foreign note-paper. The instrument was worked by the sense of touch, and was so delicate as instantly to communicate the expansion of a steel bar, three feet in length, when this was warmed by momentary contact with a finger nail."

One could hardly, *a priori*, have supposed it possible that the momentary contact of the finger-nail could produce any expansion in a three feet steel bar, much less that such expansion could be perceptible, and still less that human skill could make an instrument which could *visibly* demonstrate such expansion. That such an instrument, capable of measuring accurately the millionth of an inch was possible to be made is astonishing. Yet so it is, and such sensitiveness as we have just noted is one of the most marvellous examples of the power of infinitesimals that could be produced. How long will allopaths continue to shut their eyes to the possibilities of nature?

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#### NATURALISTS AND PHYSICIANS.

"Broussais remarked, 'the real physician is the one who cures; the observation which does not teach the art of healing is not that of a physician it is that of a naturalist.' There is a wholesome truth in this observation which it would be well for the faculties of our colleges, as well as for those who consider themselves eminently scientific practitioners, to take to heart, and it is this, that neither anatomy, nor physiology, nor a knowledge of the causes and effects and natural history of disease—neither the botany nor the chemistry of medicaments—not even skill in diagnosis, can make them masters of the art of healing. They constitute the essential equipment of a physician, they do not make him a physician. They define the objects of his craft and fix the limits of its possibilities. He would, to be sure, be helpless without them, but he is worse than helpless with them until he has learned how to use them, how to construct out of them the special art which enables him to cure disease.

"To a certain extent, the tendency of pure pathology has been to diminish faith and create scepticism in the possibilities of therapeutics. It is a common reproach to the teachers of the theory and practice of medicine that they spend much time and pains in describing the lesions and natural history of diseases, and dismiss the principles and means of cure with few and distrustful words. The reason of this is that pathology only furnishes the object to therapeutics; it does not properly embrace or direct it. The pathologist is essentially a naturalist; he investigates the



causes and effects of disease, its onset, progress, and terminations. There is nothing necessarily in all this that suggests the means of cure; but since pathology has cleared the way—since it has defined and differentiated the effects of many similar causes and the many causes of similar effects—the progress of the therapeutical art shows that the narrow limitations within which a simple knowledge of pathology would confine the possibilities and means of cure are being constantly enlarged by independent experimental study of the action of remedial agents.”

The preceding quotation we have taken from the late address before the New York Academy of Medicine, delivered by Dr. William H. Draper. Coming from a highly representative physician of the old school, who was introduced as a gentleman “known to erudite men of all classes as a scholar, to his professional brethren as a learned physician, and to his numerous admirers among the public at large as a consummate practitioner,” it speaks with authority upon a subject which is of even more vital interest to physicians of the new school. In older physic it notes a period of beginning emergence from the thralldom of pathology over therapeutics. To the adherents of newer physic it serves as a warning to continue their “independent experimental study of the action of remedial agents.” Although Hahnemann, nearly one hundred years ago, showed what Dr. Draper now further says—“how the art of healing grows through experimental methods of its own, and how pathology, for the most part, furnishes the objects to therapeutics, and, so to speak, gives the terms of the problems which observation and experiment have to solve”—his followers, in the year 1886, have been tending more to the study of medicine as naturalists than as pursuers of the art of healing through methods of their own. A glance over the field of work, as shown in our literature during the past year, teaches that now, more than ever, it is necessary to iterate and reiterate the wholesome truths that “pathology does not properly embrace or direct therapeutics;” that “the art of therapeutics has an independent growth of its own, based upon the experimental study of the effects of remedies;” that “the art of healing owes its greatest achievements to inductive methods,” and that only by following induction from independent experiments can there be an assured future for our true science and art of healing by the use of drugs. Standing upon the threshold of a new year of hope and work, there can be no better guide for us, as a school, than to bear in mind Dr. Draper’s forcible statements of the logical relation of pathology to the healing art. The distinction is as old as Hahnemann, to be sure, but it needs, just now, to be distinctly

realised. Our own advance will be more conspicuous if we recognise that on the one hand pathology ought not to be undervalued as a means of making our ends definite and precise, and that, on the other, it ought not, by undue attention, to usurp the very ends for which we profess to be homœopathic physicians. And, as a therapeutic school, we ought steadily to work along the line of therapeutic induction according to the rules of therapeutic science, keeping pathology strictly subordinate to the purpose of homœopathic science, which is no science at all if not inductive.

Inferring from Dr. Draper's address in full, to which we can give no more than passing attention, we find much to indicate that homœopathy has accomplished a great mission in the art of healing. We have proved, by successful competition, that "the scientific practitioner of the present is often a very poor doctor, and the pure artisan, as Plato calls him, may be a very successful one." More than expectant treatment, which owes its trial indirectly to homœopathy, by practical abstention and negation we have "exposed many fallacies, dispelled many delusions, spared much needless suffering, and saved many lives." The old traditions of therapeutics have been exploded, not so much by "revelations in the etiology of disease and the more exact methods of diagnosis," as by their apparent absurdity, as demonstrated through the practical abandonment of them by Hahnemann and his followers. Much longer ago than Dr. Draper's advent into the world did Hahnemann in substance say that "polypharmacy is following its victims to the grave, and the test of a sure aim and intelligent purpose is slowly but surely taking the place of random shots at imaginary foes." And now, in these modern times, when a consummate practitioner and learned physician of the "regular" system of therapeutics confesses that "the art of healing is to-day as empirical an art as it has ever been, but that with the advancing knowledge of disease the empiricism of therapeutics has become more scientific," homœopathy's mission is not yet ended.

It needs to adhere still more strictly to the inductive method—not of scientific empiricism, but of its own science and art of therapeutics—and to faithfully verify our principle, by which, linking together the truly known effects of drugs and the truly observed facts of disease, our aim will become still surer and our purpose even more intelligent.

If advance in homœopathic therapeutics can keep even pace with homœopathic progress in material prosperity there need be no anxiety about the medical system of the future.—*North American Journal of Homœopathy*

### MEDICAL ETHICS.

SIR SPENCER WELLS, at a medical banquet, is reported to have told the following story of the late Dr. Braithwaite, founder of the famous *Retrospect* that bears his name:—"I made his acquaintance in a curious way, and he taught me a lesson which I have never forgotten. One evening a farmer rode up to Mr. Marsden's, who was the nearest medical man, to beg him to go at once and see a girl who was very ill. Marsden was not at home, so I offered to go. The farmer hesitated; but he was very anxious; so he said, 'Well, lad, get on my horse, and I'll go on for our doctor, Mr. Braithwaite.' So I rode to a small farmhouse near Chapeltown, and found a room full of people and a girl insensible on the bed. I remember having her clothes loosened, and opening a window, and when she began to shiver, trying to make her swallow a little brandy and water. Then Braithwaite arrived, and very soon took me into another room, after saying to her mother, 'Give her two teaspoonfuls more of that brandy and water.' But as soon as we were alone he said: 'It is very wrong to give her brandy and water; it is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had, he said,' with a kind of smile, 'perhaps they would not believe either of us.' There was something in this way of treating a junior—so much good feeling mixed up with so much knowledge of human nature—that I have, when consulting with juniors, followed Braithwaite's example."—*Hospital Gazette*.

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### THE HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

THE annual meeting of this Institution was held on the 29th January. The report stated that 1,483 patients had been admitted during the year, as against 1,257 during 1885; and the ophthalmic department had received 504 cases during 1886, which compares with 353 during 1885; the total attendances being, during 1885, 5,208, and in 1886, 5,783. This is exclusive of 804 visits paid to patients at their own homes, being 262 in excess of those during 1885. The balance-sheet showed £27 19s. 3d. on the right side. Dr. Croucher, in acknowledging the vote of thanks passed to the medical officers, referred to the diminished attendance at the old dispensary as accounting in some measure for the increase in numbers at the Homœopathic Dispensary. Mr. Knox Shaw, in performing the same duty, alluded to the Hospital Sunday Fund, and expressed the opinion that if each institution participating in that Fund received its proportion according to

the amount of relief afforded, they would be entitled to more than they received.

On this matter the editor of the *Hastings and St. Leonards Observer* (February 5th) makes the following very pertinent remarks among local notes, styled *Flotsam and Jetsam* :—

“Something is to be said for the contention advanced at the annual meeting of the Homœopathic Dispensary, on Saturday, that in distributing the Hospital Sunday Fund the committee ought to take into account the amount of relief given by each medical charity. The homœopathic institution was in existence some two or three years before it received a halfpenny from the collections, but admitted, in 1882, to participation in the offertories, its share has remained to this day what it was then. Now, there are, probably, those who think that the disciples of Hahnemann ought to be thankful for receiving even the smallest share of support. But it is not with these few narrow-minded zealots that one has to do in a matter of this kind, but with the public at large. If the homœopaths are entitled to recognition at all, they are entitled to just recognition; but is it just that, while the number of patients relieved at their dispensary has developed into such a proportion as to leave even that of the Free Dispensary far behind, the Committee should be put off with the beggarly pittance, unbroken since 1882, of £40? It is obvious that if the sum mentioned was not too much in the first year of the appropriation, when the number of patients was 636, it is lamentably too small now that medical aid is extended to considerably more than twice as many as then. But I would venture to say that few persons out of the homœopathic circle were aware that this charity, which secures but forty pounds, treated last year 1,483 patients, whereas the Free Dispensary, in High Street, to which in the first year of the collections was appropriated the sum of £150, and which has since yearly received from the fund between ninety and one hundred pounds, extended relief to but 1,006 from the ranks of the sick poor. Far be it from me to wish to take a shilling from the medical institution in the Old Town. Rather would I see it waxing in the strength of riches until even its ‘nourishment department’ had many times more recipients than it has had during the year just passed. My only aim is to get the Hospital Committee to look this fact straight in the face: that even if preference for one system of medicine and prejudice against another play no part in the distribution of the funds, and the money collected is to be dealt out in the manner best calculated to help the sick poor, the homœopathic dispensary is being most unfairly treated. I am not a disciple of the school of pilules and tinctures, as

some of the medical men of the borough would seem to believe, but I cannot close my eyes to the fact that homœopathy, as a department of medical science, is developing daily amongst us with wonderful power; that among the working classes of this borough it has a very large number of adherents; and that, consequently, no member of the hospital collection committee has a right to set up his judgment upon a question of medicine as infallible, and to decree that, because he holds homœopathy to be a fraud, a delusion, and a snare, the Dispensary in Cambridge Road shall not be treated as liberally in the dispensing of the annual alms as the 'orthodox' charity in the old Town."

*Scrutator*, who indites *Free and Easy Notes* in the *Hastings and St. Leonards News*, writes thus on the same matter in the paper for the 4th February:—

" 'Payment by results' is the economic formula of the period, and the managers of the Homœopathic Dispensary have raised the question whether the principle should not be applied to the distribution of the Hospital Sunday Fund. Their contention is that at present the Dispensary receives a fixed amount, no matter whether the fund is little or much. During the last five or six years the work done by the Dispensary has very largely increased, and if six years ago it was worth £40, surely it is worth more now? This appears to be fair argument, but it must also be remembered that there are other considerations than mere number of patients to be taken into account. To fix the division of Hospital Sunday Fund on the line of 'more patients more pay' would be hardly fair to other institutions which could not compete on these terms, and yet be in every other way thoroughly deserving of public support. This is a matter, however, which can be left to the Hospital Sunday Collection Committee.

"As a question which I can discuss, however, I should heartily support the statement in the report of the Homœopathic Dispensary to the effect that it is a capital way of giving charitable relief to purchase tickets and give them away. I am sorry to hear, also, that there is a falling off in the number of subscribers, and that there would have been a considerable deficiency this year if there had not been a balance at the bank to fall back upon. The homœopathic system, like all other agencies, has detractors and supporters. I confess that I range myself among the latter, not from any great personal experience, but from the decided beneficial advantage which I have known arise from patients placing themselves under the system; or, to put the matter more pointedly, from placing themselves under those who practise the system here. The homœopathists have the advantage of possessing capable men

here, and some of the cases treated have been remarkably successful."

This is one of the most gratifying reports we have seen for some time. The progress the dispensary has made and the appreciation which the work done at it—clearly shown to be considerable by the remarks quoted from the local newspapers—reflect the highest credit on the medical officers, Dr. Croucher, Mr. C. Knox Shaw and Mr. F. H. Shaw.

### SUSSEX COUNTY HOMŒOPATHIC DISPENSARY, BRIGHTON.

THE report of this institution for 1886 has just been issued. The following is the record of the work done:—

Number of cases remaining from 1885	...	290
„ of new cases	... ..	1,759
„ discharged	... ..	1,689
„ remaining under treatment...	...	329
„ of consultations	... ..	8,694
„ of visits	... ..	6,451
„ deaths	... ..	84

The balance sheet shows a credit of £46 12s. 9d.

The medical officers are Drs. Metcalfe, Hale and Belcher, and Messrs. Ockenden and Hilbers.

### SHEFFIELD HOMŒOPATHIC DISPENSARY.

THE Committee, in presenting their report for the past year, state that 1,854 patients have attended the dispensary during the year; an increase over last year of no less than 366 attendances, showing clearly the appreciation of the benefit of the homœopathic method of treatment by the sick poor.

Dr. Chalmers and Mr. F. W. Clifton are the medical officers.

### TOBACCO.

IN an article on *The Use and Abuse of Tobacco*, by Dr. A. de Noë Walker, in the last number of *The Homœopathic World*, the following passage occurs:—

"Respecting the therapeutic value of tobacco, I have at least one important fact to commend and to recommend. As a prophylactic against insolation or sunstroke it is absolutely specific. Whether the subject be a smoker or not, a cigar or pipe will in a few minutes dispel all premonitory symptoms of sunstroke, or prove a certain prophylactic. If a man is struck down by sunstroke, then *glonoin* or *belladonna* must not be overlooked. But such cases are always more or less accompanied by danger, and if the patient survives it is seldom that he can get rid of some permanently direful effects."



## OBITUARY.

### DR. MATHESON.

WITH very much regret do we announce the death, after a short but severe illness, of our well-known colleague, Dr. DUNCAN MATHESON.

Duncan Matheson was a native of the Isle of Skye, where he was born fifty-six years ago. At an early age, he commenced the study of medicine at Edinburgh. Having in due course taken the diploma of the Faculty of Physicians and Surgeons at Glasgow, he entered on general practice in a large mining district in the county of Durham. Here he went through a great deal of hard work, and at the same time acquired much valuable experience, especially in obstetric medicine and in general surgery. Some years afterwards his attention was drawn to homœopathy by the late Dr. Hayle, of Rochdale, at that time practising in Newcastle-on-Tyne. After a thorough enquiry into the value of the new therapeutics, and being thereby led to put a high estimate upon it, he removed into Newcastle, and in a few years—in 1864—took the diploma of the Royal College of Physicians of Edinburgh. In Newcastle he practised homœopathically from the date of his settling there, and, in no long time, he was surrounded by a large and attached *clientèle*. Here he remained until 1875, when the late Dr. Bayes persuaded him to join him in conducting, and ultimately in succeeding to his extensive practice in London. First in Brook Street, and since 1879 in Granville Place, Dr. Matheson has been among the most hardworking and successful of metropolitan physicians, thoroughly trusted and held in warm personal esteem by an influential and aristocratic circle of patients. For some years he was in partnership with Dr. Lloyd Tuckey, of Green Street, Grosvenor Square, an arrangement which terminated two years since by “effluxion of time.”

His time being fully absorbed in the practice of his profession, to the gynœcological department of which his attention was chiefly devoted, his opportunities for contributing much to the sum of medical knowledge were but limited. When in Newcastle, in 1867, Dr. Gibb, one of the lecturers at the medical school of that town, referred to homœopathy in a singularly inane and contemptuous manner in his introductory address at the opening of the session, and at the annual meeting of the subscribers to the homœopathic dispensary, early in the following year, Dr. Matheson delivered an address in reply, and at the same time set forth in a very clear and effective way the real nature and meaning of homœopathy, and supported his position by a formidable array of weighty evidence.



For a short time after settling in London he held the appointment of physician to the London Homœopathic Hospital, and while there published a course of lectures on *Diseases of Women*. He was an occasional contributor to the proceedings of the British Homœopathic Society, to the pages of our *Review*, and took a prominent part in the discussions of the gynecological section at the International Homœopathic Convention of 1881.

Of portly presence, with a kind and sympathetic manner, and endowed with a certain amount of tact, Dr. Matheson readily acquired the full confidence of his patients, whatever their social position might be. Among his professional brethren his geniality and thorough good nature rendered him a general favourite, and he will long be regretted by many who survive him.

For some years past his health has not been strong, and indications of cardiac and renal disease have not been unnoticed; but he worked on to the end regardless of them himself, until five days before his death he was chilled during a country journey. Pneumonia *sine tusse* set in shortly after his return, in which the entire right lung became rapidly involved. He was attended with the utmost care during his illness by his former partner, Dr. Lloyd Tuckey and Dr. Donald Baynes, and Dr. Dyce Brown saw him in consultation with them on the day of his death, Saturday, the 5th ultimo.

## CORRESPONDENCE.

### "NOISES IN THE EARS."

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Lest this discussion should drag on to the wearying of your readers, kindly allow me to say a few words in reply to Dr. Cooper, and so terminate it so far as I am concerned.

It will be observed that Dr. Cooper in his second letter repeats his opinion as to vascular derangements being the cause of tinnitus, with which I have no contention whatever, having already expressed a general assent to his views, and leaving the discussion of them to him and his brother specialists. My contention is that the auditory nerve may itself be the seat of morbid irritation, giving rise to subjective sensations of sound, in opposition to Dr. Cooper, who said: "He did not think a pure affection of the auditory nerve could of itself give rise to noises. His argument was that the auditory nerve could not generate noises, but only register them." This statement seemed so directly opposed to the teachings of physiology and clinical experience that I thought it only required to be brought to Dr. Cooper's notice to enable him to

make the necessary correction. This he has not done. He has rather demurred to some of the evidence urged against him, so that he evidently holds to his original statement and therefore it is necessary just to add one or two words more before quitting the subject. I have hitherto been under the impression that one of the elementary laws of nerve action was that the functional activity of any nerve might be excited by irritation at any part of its course, whether at its terminal expansion, its central attachment or any part of its trunk.

Without any other evidence, a knock on Dr. Cooper's "funny bone" would seem sufficient to show the liability of one nerve at least to have its functional activity brought into play by injury in its course. Add to this what Dr. Cooper knows as to the effect of pressure and gouty and other irritations on nerve trunks generally, and the wonder increases that he should maintain that the auditory nerve should not set up auditory disturbances when irritated in like manner. In addition to clinical evidence we have direct positive physiological experiment to the same effect. In regard to the clinical evidence, Dr. Cooper passes it by and hesitates about accepting Foster's evidence on the physiological line. He says, "with all deference to Dr. Foster, the meaning of his words is not very clear." He honestly confesses to failing to understand him, although to me the meaning is perfectly clear. "Moreover, sensations of sound may rise in the auditory nerve or in the brain itself without any vibrations whatever falling on the labyrinth," p. 564, 4th edition. This is exactly what I contend for, neither more nor less; and as the proposition falls in with the general laws of nerve action, I am at a loss to understand Dr. Cooper's hesitation in accepting it. However, he does hesitate, and refers to "a much more authoritative work," rather a risky thing to do, I imagine, seeing the estimate in which Foster's text-book is held. He refers to Landois and Stirling, and quotes therefrom a passage on vascular derangement, which is not to the point, for as before said we are agreed upon that, and it is not the subject of this discussion. However, as Landois and Stirling carry more weight with Dr. Cooper, anything they say on the matter at issue will be received more readily. If we turn to their work and refer to p. 868, 2nd ed., we find the following appropriate remarks: "Increased sensibility of the auditory nerve in any part of its course, its centre, or peripheral expansions causes the condition known as hyperakusis, which is usually a sign of extensive increased nervous excitability, as in hysteria. When excessive it may give rise to distinctly baneful impressions, which condition is known as acoustic hyperalgia (Eulenberg). Stimulation of the parts above-named causes

sensations of sound, the most common being the sensation of singing in the ears or tinnitus." As was to be expected, these authors confirm Foster, and I hope leave no impression of want of clearness in Dr. Cooper's mind.

It does not appear to me that anything more can be said in the way of argument, and I cannot add anything to the clearness of these quotations. They establish the fact that the auditory nerve may originate all impressions of sound, and must be regarded as a possible seat of morbid irritation, whether from simple vascular derangement, pressure or tissue irritation.

I am, Yours, &c.,

P. PROCTOR.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

Reviews of several books are unavoidably postponed to our next number.

Communications, &c., have been received from Dr. DUDGEON, Dr. CLARKE, Dr. BLACKLEY, Dr. GOLDSBOROUGH, Dr. MOIR, Dr. ROTH, Mr. CROSS (London); Dr. KER (Cheltenham); Dr. HAYWARD, Dr. ELLIS (Liverpool); Dr. PROCTOR (Birkenhead); Dr. HUGHES, Dr. BELCHER (Brighton); Mr. C. KNOX SHAW (St. Leonards); Dr. SIMPSON (Glasgow); Mr. JOHNSTONE (Maidstone); Dr. PERCY WILDE (Bath); Dr. NEILD (Tunbridge Wells); Dr. WALKER (Eastbourne).

## BOOKS RECEIVED.

*On Aphasia.* By J. Ross, M.D., LL.D. London: J. A. Churchill, New Burlington Street. 1887.—*Animal Food in Health and Disease.* By John Beckett, M.D. London: H. Renshaw, Strand. 1887.—*The Medical Annual. A Dictionary of New Treatment in Medicine and Surgery.* London: Hamilton Adams & Co., Paternoster Row.—*Homœopathic League Tracts: Eminent Converts to Homœopathy.* London: Bale & Sons, Titchfield Street.—*Report of the Eastbourne Homœopathic Dispensary.*—*Omiopatia Hahnemanniana e Omiopatia Mediccia o Sia Omiopatia vera e Omiopatia Falsa.* By Dr. A. Mattoli Foligno. 1886.—*Homœopathic World.* London. Feb.—*Hospital Gazette and Students' Journal.* Feb.—*N. A. Journal of Homœopathy.* Jan. and Feb.—*New York Med. Times.* Feb.—*American Homœopathist.* New York. Jan.—*Chironian.* New York. Jan.—*N. E. Med. Gazette.* Boston. Feb.—*Hahnemannian Monthly.* Philadelphia. Jan.—*Homœopathic Recorder.* Philadelphia. Jan.—*U. S. Med. Investigator.* Chicago. Oct. and Nov., 1886.—*Medical Era.* Chicago. Jan.—*Medical Advance.* Ann Arbor. Feb.—*St. Louis Periscope.* November, 1886.—*Bibliothèque Homœopathique.* Paris. Dec., 1886.—*Revue Homœopathique Belge.* Brussels. Dec., 1886.—*L'Union Homœopathique.* Antwerp. Jan.—*Allg. Homœop. Zeitung.* Leipsic. Feb.—*Maanedskrift for Homœopathi.* Copenhagen. Jan.—*Rivista Omiopatica.* Rome. Dec., 1886., Jan. 1887.—*La Reforme Médica.* Mexico. Jan.—*Bulletin de la Société Homœopathique de France.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPK, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWX, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### CLINICAL NOTES OF SOME GYNÆCOLOGICAL CASES WHICH HAVE RECENTLY BEEN TREATED IN THE WOMEN'S WARD OF THE HOSPITAL.\*

By GEO. M. CARFRAE, M.D.,

Physician in Charge of Diseases of Women to the London Homœo-  
pathic Hospital.

MUST preface my remarks by saying that the notes of the cases I am about to relate are taken by our house surgeon, Dr. O'Sullivan; the commentaries thereon are, I need hardly add, my own.

The first three are cases of ovarian tumour, which were subjected to the now universally recognised method of treating this disease, viz., ovariectomy. In two the operation was successful, in the third fatal. Inasmuch as we often learn more from our failures than our successes, I shall ask your careful attention, especially to the third or fatal case.

The first case I shall relate is that of F. J., æt. 39:—

Disease: Ovarian tumour.

Admitted: September 28th, 1886.

Discharged: March 11th, 1886.

Result: Cured.

*Family history.*—Has been an invalid for nine years; has had two children and three miscarriages. About five years ago patient used to have "crampy seizures" in the

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\* Read before the British Homœopathic Society, March 3, 1887.

left ovarian region ; the sensation being as though a large ball formed there, producing a feeling of suffocation. Last April twelvemonth, as she was doing some house-work, she felt something "give" in the left side, "as though something had broken away." Ever after when she lay on her right side she felt, as it were, "a ball roll over from the left." This "ball" swelled very rapidly, but subsided again after a month, leaving a hard lump in the left side. She went to Westminster hospital, where she became an in-patient. An operation was advised, but she declined to have it done.

Last June twelvemonth she became an out-patient under Dr. Carfrae. Size of tumour diminished for some time, but during past three months it has increased rapidly.

Sept. 30th.—*Present condition* : Pulse 96, thin, reedy ; tongue clean, bowels constipated ; this a habitual and very troublesome symptom. Does not sleep very well. Urine : sp. gr. 1010. ; no albumen, no sugar, clear and limpid.

Oct. 2nd.—"Menstrual period" commenced yesterday ; normal. Slight headache ; tongue clean ; appetite good.

Oct. 8th.—Menstruation ceased.

On Oct. 11th the operation was performed. Tumour multilocular, consisting of one large and five smaller cysts. They contained in all about 260 ounces of a dirty coloured, grumous looking fluid. There were hardly any adhesions. The pedicle, which was narrow, was secured by stout silk ligatures.

On examining the right ovary it was found enlarged, and contained several rudimentary cysts. It was therefore removed.

The operation was done about 4 o'clock p.m. Between that time and 9 a.m. next morning, the temperature was mostly 99°, and never exceeded 100°. The pulse kept steadily at 100. The patient showed no sign of collapse, but remained bright and cheerful. She suffered a good deal from flatulence, and twice vomited some bilious-looking matter. This vomiting was probably due to the chloroform. She slept in all about two-and-three-quarter hours in snatches.

Nourishment consisted of small quantities of beef tea and milk alternately. The urine was drawn off every six hours. It was normal. The medicine used was *aconite*

mj. every two hours—4 doses; then the same quantity every four hours. This was given because the temperature kept a little above normal; at 5 p.m. it was  $101^{\circ}$ , at 8 p.m.  $101.2^{\circ}$ . This was the highest point it reached throughout the convalescence. At midnight it was again  $100^{\circ}$ ; and at 3 a.m. next day (13th)  $99^{\circ}$ ; at 8 a.m. same day  $98.8^{\circ}$ . The pulse remained steadily at 100. On the afternoon of the 12th she slept one-and-a-quarter hours, and during the night three-and-a-half hours. Was almost entirely free from pain.

Oct. 14th.—Pulse 88; full, steady. Passed a very good night. Temperature almost normal. Has slight aching in left side. During the day the pulse came down to 80. Temperature remained normal.

Oct 15.—About 10.30 a.m. a sanguinolent discharge began from the vagina. At first it was very dark in colour, but as the day wore on it gradually grew lighter, till, towards evening, it resembled the ordinary catamenial flux. It continued till the 16th.

On October 17th it became evident that there was great impaction of fœces in the rectum, which it was very desirable to get rid of. After repeated enemata, and a small dose of castor oil, this was finally accomplished, much to the patient's relief. Since the 13th she had been taking *nux vomica*, and the diet had been gradually made more liberal. On the 17th *e.g.* she had pounded chicken.

Oct. 20th.—The sutures were removed. The wound was found to be almost perfectly healed.

It seems needless to weary you with further details of the progress of the case towards recovery. Suffice it to say that from this date it was uninterrupted, and that on November 11th the patient was discharged cured.

The only point worthy of notice in the case is that *three or four days after the operation a discharge, in all respects resembling ordinary menstruation, took place and continued for two days.*

It may not be unknown to you that some time ago a committee was appointed by the British Gynæcological Society for the purpose of investigating anew all that relates to the important function of menstruation. Any fact, therefore, bearing on this subject has, at the present time, increased significance. Hence it is I venture to direct your attention to this point in the case just related.

One of the most recent manuals of gynæcology and, I may add, in my opinion, one of the best, is that published by Drs. Hart and Barbour, of Edinburgh. Therein (2nd edition, p. 81) *Menstruation* is thus defined:—"A periodical flow of blood from the uterine cavity, with shedding of the superficial layers of its mucous membrane, accompanying the discharge of an ovium from the ovary, occurring in properly developed women between the ages of 14 and 44, and interrupted by uterogestation and lactation." Now, the only part of this definition that is strictly true is that which says that menstruation consists of "a periodical flow of blood from the uterine cavity." That this flow occurs between the ages of 14 and 44 and that it is interrupted by uterogestation and lactation are propositions liable to exceptions, but may be admitted as sufficiently correct for a general definition. But that the discharge is "accompanied by shedding of the superficial layers of the uterine mucous membrane and the discharge of an ovium" there is now great reason to doubt. Modern investigations on these points have resulted in a diversity of opinion, which may be summarised thus:—

1st. That during each menstrual period all the mucous membrane is removed. (Williams). "On the Structure of the Mucous Membrane of the Uterus and its Periodical Changes" (*Lon. Obs. Journal*, Vol. II., p. 681).

2nd. That only the superficial layers are removed. (Kundrat, Englemann and Leopold).

3rd. That *none* of the mucous membrane is removed. (Mörke).

The observations resulting in opinions Nos. 1 and 2 were made *post-mortem*. Opinion No. 3 is founded on observations made by Mörke on living women. While menstruation was going on he curetted the mucous membrane, and subjected it to microscopic examination.

Finally it may be noticed that almost all observers consider that *ovulation and menstruation occur together*.

On June 23rd, 1886, two remarkable papers were read at the British Gynæcological Society on this subject. One was by J. Bland Sutton, *On Menstruation in Monkeys*; the other was by Dr. Arthur W. Johnston, of Danville, Kentucky, U.S.A., *On the Menstrual Organ*.



These two men had been working quite independently of each other, and yet both came to precisely the same conclusion with regard to the point now under consideration; and that is entirely opposed to the three opinions above expressed—the “denudation theory,” as Aveling calls it—of menstruation. The conclusions Bland Sutton came to may be thus briefly stated:—

1st. The uterine mucous membrane is *not* shed during menstruation, but only the epithelium thereof.

2nd. The sanguineous discharge is due partly to oozing from the surface denuded of its epithelium, and in part to active congestion.

3rd. The discharge from the uterus is largely augmented by mucus secreted in increased quantity at this period from the enlarged utricular glands. Hence, the definition he would propose for menstruation is, “a periodical discharge of blood from the uterus, accompanied by the shedding of the *epithelium* of the body and fundus as well as of that of the utricular glands near their orifices.” The epithelium of the cervix does not participate in these changes. Dr. Johnston’s observations led him to the same conclusion with regard to the shedding of the epithelium. But another point in which both these observers agree—and it is *the* point which most concerns us at present—is, *that there is no necessary coincidence between ovulation and menstruation*. “In some instances,” says Bland Sutton, “the Graafian vesicle contained very many ripe ova and mature follicles; at other times, although the monkey has manifested all the objective phenomena mentioned as occurring during the flux of blood, yet no enlarged follicles could be detected in either ovary.”

Dr. Johnston finishes his interesting paper by saying that “as the mature Graafian follicle is always visible to the naked eye, he thought that the question of coincident menstruation and ovulation had best be left to operators to settle; for removing ovaries in all parts of the menstrual growth, as they are constantly doing, it would be much easier for them to deal with the question than histologists.” Now, inasmuch as the case I have related may add one link to the chain of observed facts, which must ultimately settle this *questio vexatá*, I have not hesitated to diverge somewhat from the strict lines of this paper to draw your attention to this point in it.

So far as it goes it confirms Bland Sutton and Johnston's opinion, and is opposed to that more generally accepted.

E. A., housewife, æt. 60.

Disease : Ovarian tumour.

Admitted : October 16th, 1886.

Discharged : December 10th, 1886.

Result : Cured.

The patient was admitted to the hospital October 16th, under the care of my colleague, Dr. Blackley. Shortly afterwards Dr. Blackley asked me to see her with him. The result of our consultation was that, in our opinion, she was suffering from ovarian tumour, and that the best chance of cure lay in ovariectomy. She was accordingly transferred to my care with the object of having the operation performed.

The following are the notes of the case :—

Patient has great abdominal enlargement, which has come on during the last three or four months. She has had seven children and one miscarriage. Last pregnancy seventeen years ago. Catamenia ceased about fifteen years ago. Has always enjoyed good health except when she was in St. Bartholomew's hospital five years ago. She then suffered from a scald on both legs. The scars of this still remain.

No family history of any importance.

Noticed a swelling of abdomen about four months ago. Says it was just as if she were pregnant, but at night it would disappear. This swelling has gradually increased, and there is now a uniform enlargement of abdomen ; one inch above umbilicus, girth 47 inches ; percussion note dull from xiphoid cartilage to pubes ; flanks tympanitic. No alteration in position of dulness from change of posture ; is much emaciated ; says she has lost flesh rapidly during last two months ; thighs and legs very œdematous ; heart sounds normal ; passes 78 ounces of urine in 24 hours, clear, sp. gr. 1010, no albumen.

Liver dulness masked by clear note from colon ; appetite fairly good ; tongue clean ; bowels act, when she gets about, normally, but are constipated when she is confined to bed ; has no pain in abdomen, but has in loins and shoulders ; temperature normal ; sleeps badly ; has feeling of weight after food.

On October 25th ovariectomy was performed at 10.30 a.m. The tumour was found to be multilocular, with

extensive adhesions. It contained over 400 ounces of a very offensive grumous fluid. One of the cysts contained colloid substance. Owing to the size of tumour and its adhesions the operation took a considerable time. The patient was under chloroform about  $1\frac{1}{2}$  hours. There was consequently a good deal of collapse. At 8 p.m., temperature  $101^{\circ}$ ; pulse 100 full; has some pain in abdomen, apparently due to flatulence; slight emesis, bilious in character. Midnight temperature  $99.4$ ; pulse 120.

October 26th. Temperature, 8 a.m.,  $98^{\circ}$ ; pulse 100; slept between 7 and 8 hours; is almost free from pain; has had a zymized suppository every 3 hours, and no food. Midnight temperature  $98.6^{\circ}$ ; pulse 100; sleeping in snatches; comparatively free from pain.

October 27th. Suffered from diarrhoea; stools very loose and offensive and passed involuntarily. Pulse continues about 100; temperature  $99^{\circ}$ .

October 28th. Pulse 96; temperature  $98.8^{\circ}$ ; one loose motion at 1 a.m.; slept well thereafter; tongue clean and moist. From this date till 31st there is nothing to note; the pulse was still slightly above normal; temperature almost normal. But she now complained of pain in bladder after micturition, and blood was found in the urine. The use of the catheter was discontinued.

November 1st. Urine free from blood; had an excellent night; feels very well.

November 3rd. Stitches removed; deeper layer of abdominal wound soundly healed, but superficially a considerable portion remained open: some pus about stitches.

Complains of pain during urination. Secretion alkaline, contains shreds of mucus and some albumen. For this condition of matters she took *boracic acid* with the most marked benefit.

November 8th. Passed an excellent night; much less pain in passing water. Temperature and pulse still slightly above normal; former,  $99^{\circ}$  to  $100^{\circ}$ ; latter, 84 to 96.

During past 24 hours has been suffering from pain and stiffness in left thigh. During the afternoon symptoms of inflammation of long saphenous vein have appeared; great pain with marked swelling along its course.

November 9th. Temp.  $98.8^{\circ}$ ; pulse 80. Scarcely any pain during micturition. Thigh less stiff and painful. The medicine given does not appear on the board, but I think it was *belladonna*.

From this date progress was uninterrupted; the urinary and other trouble gradually ceased, and the (now superficial) wound rapidly healed.

December 10th. Says she is in better health than she has been for years.

December 11th. Discharged cured.

There are only a few minor points worthy of remark in this case.

1st. The age of the patient. She admits to 60 years, but I think she told me she was 65. This is rather an advanced age for operating in such cases; but the mechanical discomfort from the enormous and rapidly increasing abdominal distension, the impossibility therefrom of making a livelihood, and the certainty of a speedily fatal termination if she had not been operated on left no choice in my opinion. The operation has, moreover, been frequently and successfully performed on patients of much more mature years. Sir Spencer Wells,\* mentions some curious statistical facts on this point. The average age, he says, of 1,000 cases of completed ovariectomy proves to be as nearly as possible 39 years. Those cases which occurred under 25 (127 in number) had a mortality of 12.59 per cent.; those between 60 and 70 escaped with a loss of 17.77 per cent.; while those between 25 and 60 died at the rate of 26.41 per cent.

In reference to this subject, he continues, Dr. Ogle writes to me thus: "Among 3,414 deaths ascribed in the ten years 1871-80 either to ovarian dropsy or ovariectomy, were two of girls under 15 years of age, and seven of women over 85 years of age. The greatest absolute number occurred between the ages of 45 and 55, and next to this came the decennia on either side of this period of life." But taking into account the different numbers of women living at each period, Dr. Ogle adds: "It appears that the time of life when this disease is most fatal—that is, causes most deaths in proportion to the number living—is from 55 to 65, and the next fatal periods are the

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\* *Diagnosis and Surgical Treatment of Abdominal Tumours*, p. 70.

decennia on either side of this." The patient whose case we are now considering was therefore at the most unfavourable age for the operation. *She*, however, thought differently. A lady visitor told me that when she expressed a hope that she, the patient, would recover, remarked on the seriousness of the operation, that she was doing very well so far, &c., the patient replied, "Ah! yes ma'am, but you see I have *youth* on my side."

The second point worthy of remark in this case is the persistently slightly elevated temperature and pulse during a considerable portion of the convalescence. The causes of this were, I think, 1st, the vesical irritation, and 2nd, the phlebitis. The natural query forces itself upon us, whence this vesical irritation and whence this phlebitis? The former was, I think, due to the frequent use of the catheter. There is no history of bladder mischief before the operation, and the speedy recovery after the irritating cause was removed points to this conclusion. The phlebitis is, I think, easily accounted for. You will remember that there was great œdema of the thighs before the operation—also that there was no albumen or other abnormal symptom pointing to disease of the kidneys; hence we reasonably conclude that the œdema was due to the mechanical obstruction to the venous circulation caused by the pressure of the tumour on the vessels. The obstruction being suddenly removed there would naturally be greatly increased activity in the venous circulation in the removal of the effused fluid, and hence increased liability to giving way of the over-worked vessels.

E. P., æt. 30.

Disease: Ovarian tumour.

Admitted: November 5th, 1886.

Died: December 6th, 1886.

Patient has been thirteen years married; has had six or seven miscarriages, the last three years ago. Menstruation profuse, but regular. Enjoyed good health till quite recently. Two years ago noticed a swelling in right side, which increased very rapidly for four months, and after that seemed to decrease, till about three months ago, when it again began to enlarge, and has continued so to do rapidly ever since. Catamenia more profuse during the last few months, followed by a

good deal of pain, chiefly in the right side. Urine slightly acid in reaction ; sp. gr. 1.010 ; no albumen.

On examination there is a distinct swelling on right side of abdomen ; dulness of percussion to right of median line ; distinct fluctuation. Maximum perimeter of abdomen 35 inches. The uterus on examination per vaginam is pushed to the left side, so that the sound is passed with difficulty ; length of uterus 3 inches.

After a consultation with my colleagues, ovarian tumour was diagnosed. As the tumour was not very large, we agreed that further medicinal treatment might be tried ; but as the patient was very anxious to have the operation performed with as little delay as possible, this was done on November 30th, the menstrual period having ceased on the 28th.

The tumour was found to be an enlarged ovarian cyst, as had been diagnosed, containing about 70 ounces of thick grumous fluid. The left ovary was also enlarged to the size of a Tangerine orange, but not cystic, this, too, was removed. Three sub-peritoneal fibroids were also found to be attached to the uterus : One about the size of a small orange, one about the size of a walnut and one as big as a cobnut. The smallest attached to the fundus was so like a cyst that it was removed, but on examination it was found to be a small fibroid. The two other tumours were left attached to the uterus.

The operation was performed at 10.30 a.m. The patient bore the chloroform well, but suffered much during the day from nausea and vomiting. Temp., sub-normal ; pulse, small, rapid. Slept a little during the night, but complained much of nausea and pain in the region of the abdominal incision.

December 1st.—This morning feels slightly easier. Temp., still sub-normal ; pulse, 100 ; to have *ippecac.*  $\phi$  mj every two hours.

7 p.m. Distressing nausea and vomiting during the whole day and great " soreness " in abdomen.

December 2nd. Slept  $5\frac{1}{2}$  hours, but nausea and vomiting returned during night, at 1 a.m. and again at 8 a.m. A good deal of pain caused by retching. Tongue clean ; morning temp.,  $97.8^{\circ}$  ; evening temp.,  $100.2^{\circ}$  ; pulse, 120 ; *arsenicum* 2x, mj, 2nds horis was prescribed.

December 3rd. Retches very persistently till 11 p.m.

when  $\frac{1}{8}$  gr. of *morphia* was injected sub-cutaneously. Shortly afterwards retching ceased and patient slept five hours. Patient feels much better; less pain. Temp.  $99.6^{\circ}$ — $99^{\circ}$ ; pulse, 100.

December 4th.  $\frac{1}{8}$  gr. *morphia* injected at midnight. Slept three hours afterwards, no flatulence; feels much better. Temp.,  $101.2^{\circ}$ ; pulse, 132.

December 5th.  $\frac{1}{8}$  gr. of *morphia* injected at 7 p.m.; slept right along till midnight; woke up for a time and dozed during the rest of the night; thus slept about eight hours in all. Temperature  $102^{\circ}$ — $101^{\circ}$ ; pulse 132. Took milk very well until this morning, when she had a slight attack of vomiting (apparently pure bile). Had a severe hysterical attack, which lasted a considerable time.

December 6th. Slept fairly during night—about five hours in all; perspired freely from 10 p.m.; was perfectly *compos mentis*, and declared she was quite comfortable and free from pain; took nourishment freely—teaspoonfuls of milk and beef-tea alternately; at 5 a.m. an extremely sudden change took place; she became cold, and her aspect announced approaching dissolution; *ether* was injected subcutaneously, *sal volatile* given internally; hot-water bottles applied all over; but she died at 5.20 a.m. Meantime pulse and temperature had been gradually rising, and the curious point is that at 5.30—*i.e.*, ten minutes after death—it was  $104^{\circ}$ , and at 6.30  $105^{\circ}$ .

At the *post-mortem* examination it was found that the wound had hardly, if at all, commenced to heal (eight days after the operation), but there was no pus visible about it. It looked quite healthy, but was quite unhealed. There was a thin layer of sanguineous effusion on the abdominal wall, and a considerable amount in the pelvic cavity, and beyond this nothing noticeable to account for the fatal issue; no pus was to be seen anywhere. And now the question naturally arises, what was the cause of death in this case? It is difficult to conceive that the blood effused was the cause. In pelvic hæmatocele a much greater amount of blood is often seen than we had in this case, and yet the patient makes a good recovery. It has been found, moreover, experimentally, that large quantities of blood may be injected



into the peritoneal cavity without giving rise to any injurious result.

In two past numbers of the *Journal of Anatomy and Physiology*, some experiments are recorded which were undertaken with a view to elucidate this point. Large quantities of normal blood—80 to 90 per cent. of the whole amount calculated to exist in the animals experimented on—were injected into the peritoneal cavity. In only two out of twenty-five did death follow, and this result was directly traceable to a septic condition of the syringe used for injection. In other words, it was found that blood within the peritoneal cavity, unaccompanied by sepsis, led to no danger whatever. I lay some stress on this point, because it has a direct bearing on the very important question as to whether the drainage tube ought to be used in ovariectomy. Some ovariectomists—Knowsley Thornton is, I believe, one of them—say that the drainage tube is a thing of the past. And if we are to be led by the results obtained in the experiments I have quoted, this must be accepted as correct doctrine. But other authorities, equally reliable, such as the present President of the British Gynæcological Society, Dr. Bantock, believe that occasionally the drainage tube is useful; where, *i.e.*, there is oozing which cannot be controlled by ligatures. I confess I put more faith in clinical than experimental deductions, and believe that Dr. Bantock is right. It is difficult to imagine that the amount of blood in the peritoneal cavity in the case we are now considering could cause the fatal issue, and yet I think that if I had used a drainage tube she would have had a better chance of recovery. There was, however, another factor in the case which does not appear in the report, but which nevertheless may have an important bearing on its result. The patient throughout, the nurse declared, was the most refractory and unmanageable one she ever had to deal with. It seemed impossible to keep her quiet. This restlessness seemed to culminate in the hysterical attack she had, and would account, with the vomiting, for the absence of healing observed in the abdominal wound, *post-mortem*.

I may add, as an additional link in the chain of evidence as to the neurotic element in the case, that this patient some time ago had a sister an in-patient in this hospital. She, too, was extremely unmanageable,

and ultimately became quite insane, and had to be removed to an asylum. The intense restlessness, and irritability and unmanageableness—if there be such a word—certainly much diminished this patient's chance of recovery. Whether they were sufficient to exhaust her nervous energy, and directly lead to the fatal issue, I am hardly prepared to say.

A. B., æt. 48.

Disease : Ruptured perineum.

Admitted : November 20th, 1886.

Discharged : December 11th, 1886.

Result : Cured.

This patient came to the hospital as an out-patient, complaining of "falling of the womb." On examination it was evident that the cause of this was a bad perineal rupture, not, however, involving the rectum. I therefore advised her to become an in-patient in order to have it cured, if possible, by operation. She was accordingly admitted November 20th, and a few days afterwards (November 26th) the operation was performed. The wound healed on the whole very favourably, the only drawback being that one of the stitches gave way prematurely.

On the 11th December she was discharged cured.

January 25th, 1887. This patient came to report herself. Said she felt perfectly well and was able to do her work with comfort. On examination I found a sound cicatrix ; indeed it was hard to see any signs of such an operation as she had undergone ; she had a good firm perineal body.

M. S., æt. 45.

Admitted : November 10th, 1886.

Discharged : January 12th, 1887.

Disease : Ruptured perineum.

Result : Cured.

It may be as well to remark here that the length of time this patient was in the hospital does not represent the time occupied in curing the disease from which she suffered. She was badly nourished and her lungs were in an unsatisfactory condition. Dr. O'Sullivan discovered evidences of old pleuritic adhesion and pulmonic consolidation. She was therefore put on a liberal diet and remained a considerable time in the hospital before the operation was attempted. Notwithstanding, when we

did determine to operate, and proceeded to administer the anæsthetic, the breathing ceased so absolutely and the pulse became so shaky that we had to desist and postpone the operation. Again we put her on a similar diet; again we attempted to administer the anæsthetic, and again with the same result. We accordingly determined to operate without using chloroform.

When the patient was admitted she complained of pain in the sacral region and bearing down. Says a "lump comes down in front passage." She is unable to retain motion unless it is solid; if it is at all fluid she has no control over it.

On examination the perineum was found to be ruptured quite through into the rectum.

December 16th. The parts having been swabbed with a 10 p.c. solution of *cocaine*, and some of the same solution having been injected subcutaneously, the operation was performed.

December 17th. A good deal of pain.

December 18th. Slept fairly well; feels better; not much pain in wound, but a good deal in sacral region as of old.

December 22nd. "Menstrual period" came on profusely during night, and so continued till 27th when she had a small dose of castor oil, after which the bowels acted well. The stitches were removed. The wound is fairly well healed.

January 7th, 1887. Feels stronger and much better; bowels act naturally. Perineal wound healed, except one small spot. A very good perineal body has been formed.

January 12th. Is perfectly well; able to retain fæces with ease and comfort. Discharged cured.

These may be called typical cases of ruptured perineum as described in the text-books; the *first* being a good example of the *incomplete*, and the *second* of the *complete* perineal rupture.

The *first* sometimes gives rise to very little discomfort, in which case it is well, I think, to advise the patient to "let well alone." But more frequently it is associated with prolapsus and is a source of great discomfort associated therewith. Then it is needful to do our best to relieve the sufferer.

The *second* always is a source of great distress, owing to the loss of control over the fæcal and flatulent evacua-

tions; in some cases making life miserable and compelling the patient to a solitary existence.

The methods of operating for ruptured perineum are about as numerous as there are text-books on gynæcology, every author being a "law unto himself" on the subject. And nothing is so difficult as to render a spoken or written description of the operation intelligible to an audience. On the 14th October, 1885, I listened to a paper entitled *A New Operation for Restoration of the Female Perineum in Cases of Total Loss*, by Dr. Jameson, of Shanghai. It was read at the British Gynæcological Society. I have read the paper carefully since its publication in that society's journal, and even now I confess I have a very vague idea of the operation described. This is from no lack of descriptive power on the part of Dr. Jameson, but from the inherent difficulty of the task he undertakes. Optical demonstration alone gives a clear idea of such an operation. I shall not, therefore, attempt to describe to you either the various operations recommended or the one I now generally adopt, but shall indicate what seem to me the good and bad points in those I find described in the different text-books. Our colleague across the Atlantic, Dr. Eaton, in his useful work on *Diseases of Women*, describes his method of operating. It has, I think, one good and one bad point. The good point is that he does not cut away any tissue. He dissects back a portion of mucous membrane and stitches that up. Then he brings the two raw cutaneous surfaces together. But here comes the *bad* point in his method: he does not bury the stitches in the tissues, so far as I can understand the description of his operation. This must prove fatal to union at the bottom of the wound. One other weak point in Dr. Eaton's mode of operating is that he recommends two separate operations for complete rupture. This is unnecessary, and is entirely obviated in Lawson Tait's operation, which I shall speak of directly.

Dr. Gaillard Thomas, in his book on *Diseases of Women*, recommends an operation which I have performed with success more than once, but I have lately abandoned it because it has one great drawback. He advises a triangular portion of mucous membrane to be dissected back and *removed*. This is, I think, a mistake, because if from any mishap the operation fails, it leaves

the patient in a much worse plight than before, and gives much less chance of any further operative procedure being possible even. He, however, finishes his operation by burying his stitches in the tissues, therein giving the wound a much better chance of healing than Dr. Eaton's plan does.

Drs. Hart and Barbour, in their *Manual of Gynecology*, describe the method followed by Professor Alex. Simpson, of Edinburgh. It has this advantage over that of Dr. Gaillard Thomas, viz., that no tissue is sacrificed. This is all utilised in forming the new perineal body. It has this disadvantage: it is unnecessarily complicated.

The only method I have met with that is free from all the objections I have mentioned, and the one I now always adopt, and did so in the cases I have just described to you, is that recommended by Lawson Tait. In the incomplete rupture he simply slits up the perineal body with a pair of scissors—transversely of course—and inserts three or four deep sutures, these never appearing, but being always buried in the tissues till they issue on the opposite side. They enter at the edge of the wound, and so make no skin wound after the parts heal up. In *complete rupture* the division of the tissues extends back somewhat beyond the rectum, the

shape of the incision being somewhat like this



The opposite sides of the wound are then brought together, and as a rule heal without difficulty.

I have notes of many more cases, which I should have much liked to bring before you; but I feel that I have already over-taxed your time and patience, and can only hope that the cases I have described are of sufficient interest to act as my apology for the undue length of my paper.

#### DISCUSSION.

Dr. DUDGEON said he had been called to see a gentleman who had had morphia injections, and the effect the morphia had produced in that case was not sleep but constant vomiting. It was important to remember that morphia injections often caused that vomiting they were commonly used to prevent, and might not the cause of the failure of the wound to unite in the present case have been the morphia injections, as it was well known that opium and its preparations suspended the reparative processes of the system? He congratulated Dr.

Carfrae on his successful operations, and the homœopathic body on having in him such an efficient operator in those diseases peculiar to women he had brought under their notice to-night.

Dr. ROTH asked what remedies Dr. Dudgeon would recommend to produce sleep?

Dr. DUDGEON replied that there were so many different states in which sleeplessness occurred that it would be impossible to name the remedy, unless the concurrent marked conditions were described.

Dr. HUGHES said that with regard to morphia injections he understood that Dr. Carfrae's object in resorting to them was not to produce sleep, but to check vomiting. There was a rough homœopathicity in the administration of morphia for that purpose, because one of the effects of morphia was to produce vomiting. But he hardly thought that Dr. Carfrae, in choosing *ipéc.* and *arsen.*, had made the best of internal medication for the purpose. In the case quoted the vomiting was sympathetic, the great remedy for which was *apomorphia*, and the fact that morphia gave relief gives a presumption that continued internal doses of this product of it would have entirely cured the vomiting. With regard to the cases named in which menstruation occurred after the removal of the ovaries, in his opinion, while this might occur just after the operation, it could not continue for long subsequently. The nervous habit giving rise to menstruation might be temporarily continued but not for long. A year or two ago he had gone into the whole subject of the phenomenon with Dr. Blake, who had maintained the independence of menstruation on the ovaries, but could find no proof that the menstruation continued more than once or twice after their removal. He would ask Dr. Carfrae about his giving of *boracic acid*. He supposed Dr. Carfrae did that to correct any alkaline quality of the urine. He would ask as to the dosage. (Dr. CARFRAE stated that five grains in a tumbler of milk which the patient kept sipping had the effect of acidulating the urine.) He was attending a patient to whom Dr. Kidd had given *boracic acid* for prostate disease, and the medicine had set up irritation of the stomach. He would ask further whether the injection of *cocaine* in the perinæum had had the effect of removing the pain.

Dr. CARFRAE: It deadened the pain, but she still felt some.

Dr. JAGIELSKI congratulated Dr. Carfrae on the success of his operations, but said he should have liked a little longer description of the operations themselves, their essential particulars, how he operated, whether aided by antiseptics or otherwise. In the case of the vomiting, to which Dr. Hughes and Dr. Dudgeon had already referred, as to the use of

*morphia*, he would like to know what nourishment had been given from the time the vomiting began: whether something had not been given which had of itself the excellent quality of stopping vomiting and which was known as an easily digestible nourishment. Such a remedy as koumiss, kept cold, and taken in sips had an excellent influence in stopping vomiting and inducing sleep. He had known cases where the patient had not been able to keep anything on the stomach, neither soda water nor pepsine, where his own koumiss (A or B No. 2, made by the Aylesbury Dairy Company,) was retained and digested, and the vomiting ceased. In producing diuresis and diaphoresis its effects were most satisfactory; in such cases the copiously flowing urine became clear and the skin moist. He would like to know whether *cocaine* had been used hypodermically. The paper, as a whole, was most excellent, and he could only again congratulate Dr. Carfrae on his success.

Dr. BLACK NOBLE said he had no remarks to make on the paper except to congratulate Dr. Carfrae on the success he had achieved in his ovarian cases, and to assure him that he would do all in his power to send such cases to the Homœopathic in preference to any other hospital, and would urge other general practitioners to do likewise.

Dr. GOULD said that his experience of ovariectomy was far too limited to justify his troubling the meeting with observations. The only case he had seen out of hospital was also a woman of 65. The operation had been performed by Sir Spencer Wells, and was followed by inflammation of the veins and by vomiting. In this case *morphia*  $\frac{1}{8}$ th of a grain was given to produce sleep, but it also had the effect of stopping the vomiting.

Mr. KNOX SHAW had been very much interested in Dr. Carfrae's paper, but he wished, with Dr. Jagielski, for a few details of the operations, and especially as to Dr. Carfrae's method of dealing with the pedicle, and the kind of ligatures he used. The cause of death in the third case Dr. Carfrae had reported was an extremely interesting point, and he might suggest that the restlessness of the patient arose from the hæmorrhage into the pelvis. Extreme restlessness, accompanied by sub-normal temperature, suggested hæmorrhage. It might have been desirable to re-open the wound, and either sponge out the pelvis or insert a drainage tube. The recurrence of menstruation after removal of both ovaries was an undoubted fact. A discharge of blood, resembling the menstrual fluid, had been described as occurring shortly after the operation in some cases. He himself had successfully operated on a woman aged 56, who was thus far past the menstrual age, but who after the operation had a distinct dis-



charge of blood from the vagina. It was interesting to hear of the success of *cocaine* in operations upon the vagina, as he was quite sure it was of immense aid in many operations. He used injections of about 20 minims of a 4 per cent. solution. He had once found in an infant alarming symptoms follow its use. He then gave his experience of its value in uterine cases.

Dr. HUGHES remarked that the next number of the *Cyclopædia* would contain the first homœopathic pathogenesis of *cocaine*, and he would be very thankful to Mr. Knox Shaw for any notes on its toxic effects.

Dr. JONES said that Mr. Thornton had mentioned cases in which, after oöphorectomy, menstruation had continued for a year or more. With regard to blood in the peritoneal cavity, Mr. Lawson Tait had a letter in the *Lancet* of last week, in which he spoke strongly of the danger as long as any remained. Dr. Carfrae was mistaken when he said Mr. Knowsely Thornton did not use the drainage tube. Now Mr. Thornton always used it when there was the slightest danger of there being any oozing of blood, after an operation. Moreover, he kept the tube in until the fluid returned quite clear.

Dr. ROTH was glad the last speaker had mentioned the experience of Mr. Lawson Tait as to menstruation continuing after extirpation of both ovaries. His (Dr. Roth's) friend, Dr. Tripier, in Paris, had operated very successfully for ovariectomy by electrolysis, a method which might be adopted with advantage in various cysts.

Dr. CARFRAE thanked the various speakers for their remarks and criticisms of his paper. With regard to a fear expressed by Dr. Dudgeon that *morphia* might prevent healing of the wound in the fatal case, his experience did not give evidence that *morphia* prevented healing of wounds. It was not given till some days after the operation. The *post-mortem* examination showed that the wound was not healed in any degree. The wound began to heal at once after such an operation; and if *morphia* had interfered and stopped the healing process the wound would have been partially healed. Then, in regard to the excessive vomiting, it was *because* the vomiting was so excessive, and no remedies were effective, that he resorted to the *morphia*. After the first dose the vomiting stopped absolutely. The *morphia*, as Dr. Dudgeon had himself pointed out, was thoroughly homœopathic to this condition. With regard to the medicines given, and to Dr. Hughes' question as to *apomorphia*, he confessed the report was defective; but he thought that the remedies given, in addition to those mentioned already, were *apomorphia*, *petroleum*, and *tabacum*. As to menstruation after such operations being only casual,

he had known cases in which it had gone on for a long time. In a case where the menstrual flow had been profuse before the operation, it continued afterwards, he thought, for years. He would have described the operations more in detail had he not thought such details would prove a bore. Moreover, the minute description of such operations was extremely difficult. He performed them in the usual way. The incision was according to the size of the tumour. He used strong silk ligatures for arteries, and stout ones for the pedicle, which was tied and dropped into the abdomen. The wound was stitched up in the usual way with silk. As to koumiss, he tried a kind of koumiss-kefir in the case of excessive vomiting, but it did not answer. He tried kefir, which also did not answer. He had tried milk, champagne, in fact everything that he could think of. Mr. Shaw's observation about re-opening the wound confirmed his opinion that in such cases it was desirable to use a drainage tube. When he did the operation there was oozing, which he swabbed, and then the oozing ceased. He thought, however, that it was wise to use a drainage tube. The *cocaine* he had used was stronger than usual, but there was much loose tissue. It was a 10 per cent. solution, and it had not had any bad effects. He again thanked the meeting for the great interest shown in the cases he had laid before them.

\* \* \* \*

At this meeting Mr. KNOX SHAW showed a case of early Graves disease in a young woman aged 27, in which the eye symptoms were very characteristic; he drew special attention to Stelwag and Graefe's lid signs: the retraction of the upper eyelids and the loss of consensual downward movement between the upper eyelid and the globe, symptoms which in this case, though the disease was not advanced, were particularly well shown. He also referred to the observation of Mr. H. H. Jessop (*Transactions of the Ophthalmological Society*, vol. vi.) as to the similarity in the appearances of an eye under the influence of *cocaine*, and those noted in cases of Graves disease, and asked whether he might deduce from these facts its therapeutic applicability in the case shown.

Mr. KNOX SHAW next showed an interesting case of a papillomatous tumour of the orbital conjunctiva in a young girl aged 18. The growth occupied the lower third of the right eye-ball, extending from the inner canthus to the outer edge of the cornea, and had a sanious discharge. The disease was associated with a peculiar fissured and thickened condition of the outer canthus. It was suggested that the tumour was of a strumous origin, though the possibility of its specific nature was not to be lost sight of.

## THE THERAPEUTICS OF HYDROPHOBIA.

By JOHN DAVEY HAYWARD, M.D. (Lond.).

(Continued from page 95).

### CASES.

#### CASE V.

*Belladonna; anasthetics. Recovery.*

In the *Boston Medical and Surgical Journal* of 1850 the following cure is reported by Dr. Fuller:—

Mr. I. K. was bitten by a small dog on the leg. He killed the dog. The wound was only slight, and no notice was taken of it. In three weeks he became restless and irritable, and in three days he had an attack of fury, attempting to injure himself and others. He was found at 2 o'clock in the morning, by the medical man, in severe spasms, requiring six men to keep him on the bed. Guided by the symptoms, *bell.* 3 was given. The spasms ceased, and he passed the rest of the night quietly, taking *bell.* 3 and *acon.* 3, drop doses, every hour alternately. About 7 a.m. spasms returned with increased severity, and as *hyos.* seemed now to be indicated, drop doses of the 3rd dilution were given at half-hour intervals. After the third dose, no effect being produced, *verat.* 2 in some degree mitigated the spasmodic action; but as neither *verat.* nor *hyos.* produced any decided effect, *bell.* 1 was persevered with in drop doses every half hour, till the spasms abated—about 12 p.m. From this time he remained quiet until evening, taking the medicine at intervals of an hour.

The spasmodic attacks began with darting pains in the temple, increasing in severity till he became insensible—a thrill or shudder then passing over his frame and lasting about a minute; teeth set, muscles of face and neck rigid, breathing laboured.

After a while these symptoms would gradually disappear, and the patient would be quiet for a few minutes; when a new spasm, commencing like the first, or very suddenly, with no other symptom of warning than a shudder, would occur. The spasms occurring in the latter way were of the most violent description; in a moment he would be violently convulsed; and during the

attack would strike and bite at those around in the most fearful manner. During the spasmodic action, any fluid touching him, or placed near him, produced violent spasms. In the lucid intervals he complained of thirst, and if drink were offered him, would close his eyes, grasp the vessel and swallow its contents in a hurried manner. At other times, he swallowed with great difficulty, and after repeated attempts. This was during the long periods between the spasmodic attacks; during which, also, he was conscious and calm, and would earnestly caution his friends to be on their guard.

About 6 p.m. spasms returned and lasted till 2 a.m., when, after a very severe one, they ceased, and he sank into a quiet sleep, lasting till 4 p.m., when the spasms returned in a milder form. About 11 next day one or two severe spasms occurred, so chloric ether was applied. The contact of the moist sponge with his lips threw him into the most violent spasm. About 1 a.m. spasms again ceased, and began again at 9 a.m. Chloric ether was applied, and, despite his struggles, continued until its effects were produced. The effect lasted about twenty minutes. He had no return of the spasms after this; became quite well, and is attending to his business.

#### CASE VI.

*Lachesis, belladonna: Recovery.*

The son of a Mr. Waite, of Cincinnati, was recently seized with hydrophobia. We learn by the *Cincinnati Gazette* he has entirely recovered, though a running wound is purposely kept up where the lad was bitten. The vesicles which formed under the tongue rapidly disappeared under *lachesis*; and the spasms were prevented by *belladonna* and other remedies."—*Brit. Journ. of Homœopathy*, vol. xi.

#### CASE VII.

*Stramonium, Hyoscyamus, Lachesis: Death.*

In the *Brit. Journ. of Homœopathy*, vol. xxxvi., a case is alluded to, which occurred in the Hospital S. Jacques. The patient died in the usual time, *stramonium*, *hyoscyamus*, and *lachesis* having been given in vain. During the last twenty-four hours of life, decided temporary benefit was obtained from subcutaneous injection of from 4 to 6 drops of a one per cent. solution of *sulphate of atropine*.

CASE VIII.

*Curare: Recovery.*

Offenberg's case of cure of supposed hydrophobia by *curare* was reported in the *Wiener Ally. Med. Zig.* The patient was a girl twenty-four years of age, who had been bitten eighty days previously by a dog supposed to be rabid. After the ineffectual use of hypodermic injections of *morphia* and the administration of *chloroform*, seven doses of 0.2 gram. of *curare* were injected in five-and-a-half hours. First the muscular restlessness declined, then the convulsive attacks became less frequent, the dread of water and photophobia disappeared, the anxiety diminished. However, paralytic symptoms appeared, which attained their maximum on the following day. The next day the hydrophobic symptoms returned, but in slighter degrees, and the injection of 0.03 gm. of *curare* sufficed to suppress them.

The patient recovered slowly; two months afterwards she still felt weak and prostrated, moved her limbs slowly and without energy, and complained of slight photophobia and dimness of sight. At the point of injection there occurred inflammation and infiltration, but no suppuration.

CASE IX.

*Cannabis Indica: Recovery.*

In the *British Medical Journal* for 1881 (vol. ii.) is narrated a case by John Ruxton, Surgeon, A.M.D., in which Indian hemp, in repeated physiological doses, was given in hydrophobia, and was followed by recovery. A boy between five and six years of age, in the East Indies, was attacked by hydrophobia a month after being severely bitten. The bites having been well cauterised by fuming *nitric acid* within half-an-hour after infliction. Dr. Ruxton mentions that on one of his visits the boy "had the most intense fits, screaming violently; he had chronic interrupted muscular contractions, twisting sometimes to the side, foaming at the mouth, spitting saliva from between the teeth, dreading all liquids, the slightest disturbance reproducing these frightful contortions." The lad was removed to hospital to die and as a palliative 5 minims of tincture of *cannabis indica* were with difficulty given by the mouth and followed by short sleep;

“but he again awoke in a wild screaming fit, and spitting saliva from between his teeth. The room was darkened and isolated, most complete quietude rigidly enforced and m v. of the tincture of *cannabis indica* were taken by the mouth in short convulsive gulps, most of it, however, was swallowed. A deep sleep, lasting for ten hours, soon followed, and he awoke conscious of those around him, recognising his mother for the first time for 24 hours. His pupils were contracted to a point, and he, seeming very heavy, went quickly to sleep again for another 12 hours, with slight interruptions, after which he took some milk and beef-tea without difficulty and dozed off to sleep at intervals during the day;” beef-tea and m v. of the tincture was given, and he slept 18 hours. When he awoke he was drowsy, weak and blanched, but free from fits and other serious symptoms. He recovered completely.

#### CASE X.

##### *Belladonna, Cantharis : Recovery.*

In the fourth volume of *Frank's Magazine*, Dr. Rust reports a case of hydrophobia treated by *cantharis*.

A girl of 20 was bitten by a rabid dog in the left upper extremity, on the 29th January.

There were two wounds about three inches from one another, penetrating through the skin into the cellular substance beneath. They were immediately cut out, and the part cauterised with lunar caustic; and in order, if possible, to ward off the danger, *belladonna* with *calomel* and *sal volatile* was administered.

On the 12th of March, after she had taken in all 36 grains of *belladonna*, as many of *calomel*, and 24 of *sal volatile*, she suddenly became low spirited, wept continually, complained of pains in the injured arm, principally midway between the two wounds. She was feverish, and had a horror of fluids. She would take a teaspoonful of water into her mouth with her eyes shut, but was unable to swallow it, and spat it out again. She now got *pulv. canthar. gr. ss.* in powders, one to be taken every two hours. At the same time caustic was applied to the painful part. The next day, after she had taken nine powders, she had scalding on making water, and at the same time the fever declined, the hardness and fulness of the pulse diminished, the fixed pain in the arm went off completely, and she was much more composed. The

powders were discontinued, and with great difficulty she was induced to take a few spoonfuls of an oleaginous mixture. On the morning of the 14th the scalding was gone, and she got four grains more of *cantharis*, as before. In the afternoon burning thirst, she asked for beer and drank half a pint. On the 15th, three more powders. She again drank beer, and ate a roll. From the 16th to the 30th daily two powders. She was now able to take her usual food and drink. On the 30th scalding on passing water again occurred, and was treated as before. Dismissed cured on the 28th.

It has been suggested that this was not a case of hydrophobia, but that the hydrophobic symptoms were due to the large quantities of *belladonna* taken by the patient. If so, the homœopathic relation of *belladonna* to hydrophobia is supported by the case.

#### CASE XI.

##### *Lachesis : Recovery.*

Dr. Cockburn, of Dundee, considers the following a decided case of hydrophobia, not fully developed. It is reported in *Brit. Journ. of Homœopathy*, vol. viii.

“ On Monday, the 22nd of October, a mare was bit by a mad dog at the north mains of Castle Huntly; the dog, though at the time not suspected of being mad, was killed on the spot by the man who has charge of the mare, and the latter continuing to be quite well, the matter was forgot in a few days. On Monday, the 5th November, the mare was observed to be more restless and more inclined to snap than usual, and to have lost its appetite. On the evening of the 16th it became very wild and restive, biting and tearing at everything. Mr. Baxter, the veterinary surgeon at Balledgerns, was sent for, and gave it some medicine; in doing so, he was obliged to have his hand in the animal's mouth; on the hand were two old sores only half scabbed over. On the 7th the mare became quite furious, biting at everything within its reach, even the stones of the wall, and in the afternoon of the same day it expired.

On the 8th November, about 2 o'clock a.m. Mr. Baxter became ill, and sent for me to come and see him. Saw him at 9 a.m. and found the following symptoms: pain and burning, with a little inflammation in the sores on the hand; severe pains all up the arm; pain and stiff-



ness of the neck ; tickling soreness in the throat, causing frequent hawking and spitting ; shuddering over the body, but not cold ; feverish, with considerable excitement. Gave *merc.* 1, to be followed by *bell.* next day if he was no worse.

“Next day he was much better, and on the tenth felt almost well. On the eleventh did not feel so well, was very restless and disturbed all the day, but could not tell what was the matter. Next morning I found him with the following symptoms ; prickling and jumping kind of pains in both arms ; pain and stiffness in both sides of the neck ; pain in the back of the neck and occiput, with stiffness ; giddiness and great confusion in the head ; stupid and restless : irritation and tickling in the throat ; copious perspiration all over the body ; burning pain behind the ear coming round behind the jaw ; the papillæ on left side of frenum linguæ, large and inflamed, but nothing like a vesicle. Gave *laches.* Next day he was much better, and in three days after was quite well, and is so at present.”

[For Cases xii. to xviii. see opposite page.]

#### CASE XIX.

##### *Hyoscyamus : Death.*

Dr. Drury saw a case of hydrophobia with Dr. Day, it is mentioned in *Brit. Journ. of Homœopathy*, Vol. xxxiii. The young man had been bitten by a dog, but kept this secret, and the case was at first considered to be one of acute rheumatism. *Hyoscyamus* was given, at first with some apparent benefit. The patient was restless and anxious ; there was no objection to drink, but on attempting to swallow, or on feeling a draught of cold air, a most violent spasm came on, affecting the muscles of the neck ; he constantly ejected saliva, spurring it out with much force ; there was no loss of consciousness ; he died on the fourth day.

#### CASE XX.

##### *Amputation, Belladonna : Death.*

In a case of severe hydrophobia admitted into Guy's Hospital, May 1827, where the sound of fluid poured into a vessel brought on convulsive paroxysms ; amputation of the arm was performed and *belladonna* injected into the rectum, but patient died in six hours.

CASES XII. TO XVIII.  
SYNOPSIS OF CASES OF HYDROPHOBIA DURING TWO YEARS AT  
MANCHESTER ROYAL INFIRMARY.

By F. A. SOUTHAM, Resident Surgical Officer.

[*British Medical Journal*, Nov., 1881.]

Name.	Age.	Nature and Seat of Bite.	Incubation Period.	Time in Hospital.	Duration of Symptom when Admitted.	Condition of Urine.	Temp. before Death.	Result.	Treatment.
Eliza H.	27	Cat; hand	10 months	28 hours	48 hours	Albumen; no sugar	103.2	Death	Chloral.
Frank A.	28	Dog; hand	8 weeks	51 "	86 "	Albumen; sugar	105	Death	Chloral and morphia.
Mary T.	58	Dog; face	8 months	16 "	48 "	Albumen; sugar	100.4	Death	Morphia.
Wm. K.	88	Dog; hand	18 weeks	15 "	24 "	Albumen; no sugar	101.4	Death	Morphia; curare; chloroform.
Susan T.	28	Dog; hand	6 weeks	7 "	86 "	Albumen; sugar	98.8	Death	Curare; hot-air bath.
James C.	2	Dog; face	12 weeks	15 "	24 "	Albumen; no sugar	—	Death	Tracheotomy; chloroform; hot-air bath.
Alfred R.	6	Dog; face and arm	7 weeks	5 "	86 "	Albumen; no sugar	104.6	Death	Chloroform; hot-air bath.

## CASE XXI.

*Mercurial fumigation : Recovery.*

From an old newspaper cutting the *Homœopathic World* reproduces the following :—

“ When we were at Ahmednuggar in 1853-4 we were acquainted with Dr. David Wyllie, civil surgeon there. He told us of a case the day it happened, coming to us directly after the patient was relieved. That morning a boy was brought into the hospital suffering from hydrophobia. Dr. Wyllie immediately had a pan of live charcoal brought and placed on the ground under a cane-bottomed chair. The boy was entirely undressed, placed on the chair, and enveloped in blankets. Then several grains of *mercury* (I forget how many) were thrown on the charcoal, and the former so impregnated the boy's body that in a quarter of an hour the saliva was pouring out of his mouth ; the rigidity caused by the spasms ceased, and the poison came out of the boy. What happened after, whether the malady ever recurred, I know not ; but the boy lived, and so did all other cases treated by Dr. Wyllie when taken in time.”

## CASE XXII.

*Chloroform-inhalations : Recovery.*

In the *British Medical Journal* occurs the following letter :—

“ The following case of hydrophobia, treated with chloroform, may perhaps interest your readers. It occurred in one of the suburbs of Bombay.

“ L. M., a native Christian, aged 18, had been bitten on the calf of the right leg, two months before, by a dog believed to be rabid. The wound had healed, and there were three cicatrices resembling those caused by a bite. The night before he was seen, he was restless, and alarmed with dreams. On the following morning, there was a constant hawking and spitting of frothy mucus, with a frequent ringing scream. These symptoms were increased in paroxysms from time to time. He looked anxious and distressed. He did not seem to be affected by currents of air, but became much excited when water was brought near him, and was unwilling to drink or even to touch it. Noises distressed him very much. The pulse was feeble, the skin of natural temperature. Occa-

sional twitchings of muscles were observed, but no marked spasms. Half a drachm of chloroform (afterwards increased to a drachm) was dropped on a handkerchief, and gradually brought near to the face; it was inhaled with apparently partial relief. This was repeated every half-hour, and in all twelve drachms were used. On the following morning, the patient was to all appearances well, and three days after resumed his usual duties.

“D. A. D'MONTE, M.D., M.Ch., 3 Whitehall  
Gardens, S.W.”

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### MYXŒDEMA.

By THOMAS SIMPSON, M.D., Glasgow.

HAVING recently been called upon to treat a case of this remarkable and rare disease, a few clinical observations concerning its nature and progress, and the results of specific restorative medication may be acceptable to my *confrères*, especially as we have few, if any, records in our journals of any experience with drug action in this connection.

In October, 1886, Mrs. Q., æt. 44, sought my advice for relief from a complication of distressing symptoms, which had affected her for over ten years. There was general œdema; puffy face and eyelids; great redundancy of tissue about the chest and abdomen, hands and ankles; facial features thick; *alæ nasi* tumid. The skin presented a dry, harsh, and even cracked appearance; the general appearance resembles wax-work; lips and cheeks have a roseate hue; articulation is muffled, and swallowing uncomfortable; speaking and chewing are wearisome to her. Walking is very exhausting to her; the gait is tottering and ungainly; all her actions seem to be performed with difficulty and discomfort, whether muscular or mental; the urine contains urates in excess, but no albumen; all the organs appear healthy but the skin, which is very dry, and the thyroid gland is evidently atrophied. She complains of frequent chilliness, though at night she is kept awake by hot flushes and tingling, pricking sensations in various parts of body, and by dryness of mouth and throat, and accumulation of tenacious mucus in throat. There is a

somewhat vacant and simple expression of countenance, and a manifest indifference to the affairs of daily life; the memory is good, and she retains unimpaired the powers of sight and hearing. No traces of disease are found in kidney, heart, liver, lung, or digestive organs.

This group of symptoms exactly corresponds with the picture which Dr. Ord gives of myxœdema,\* but he suggests no remedy to my patient, who consulted him two years ago, and since that time she has gradually become weaker, more bloated, and sleepy and lethargic.

It appeared impossible to deal otherwise with this patient than by treating the symptoms, and as this is evermore the better plan we carefully compared them with the pathogenesis of drugs apparently indicated.

Among these *rhus venenata* seems first indicated, from its corresponding with the mental, most peculiar and most recent symptoms: apprehensive, restless, peevish, forgetful, dull and stupid; disinclined to any exertion, mental or physical; whirling vertigo; sensation as if brain were pressing up against the skull; nostrils dry and sore; face swollen about the eyes; cheeks swollen and red; tongue feels scalded; tongue and lips feel cracked; throat feels sore and swollen; difficult deglutition; appetite poor; distress in stomach; rumbling of flatus in bowels; dryness and pain in larynx; palpitation, with stitches in heart; paralytic drawing in left arm; knees and ankles ache constantly; aching pain from hip to knees; cramp-like pain in the calves.

After twelve doses of *rhus venenata* the improvement was so pronounced that no medicine was allowed until more distinctive symptoms demanded another remedy.

About twenty days after beginning treatment patient was seized at midnight with an acute arthritis of big toe, which was carefully enclosed in cotton wool and oil silk (dry). Prescription: *pulsatilla* (12) every four hours. Relief followed quickly, and now I secured the services of a strong and intelligent nurse acquainted with the massage treatment, to give the lady one hour's rubbing, followed by galvanization (twenty minutes), every forenoon, and a lamp sweat, followed by a good deal of shampooing, three times a week.

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\* *Clinical Society's Transactions*, vol. vi.

The striking improvement which soon followed this course encouraged us to persevere, and seems to confirm the theory that "massage fattens those who are emaciated, but also removes redundancy of tissues."

I put patient under a course of *lachesis*, because several striking symptoms of that remedy existed, notably "distress on awaking;" "larynx and throat painful when touched and when bending head backwards;" "flushes of critical period." Very decided improvement attended this plan of treatment. The lady is gradually losing flesh, her skin is moist, sleep is tranquil; all the symptoms which formerly filled her with apprehension and made life a burden to her are vanishing. Her own testimony is: "I feel perfectly well."

There is nothing ingenious or novel in the course adopted, but some lessons may be learned, and to me it is a very instructive and valuable experience.

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## LIBERTY OF OPINION IN THE ART OF THERAPEUTICS.

THE conflict between the advocates of freedom of opinion in therapeutics and the champions of intolerance, in the Margaret Street Infirmary for Consumption and Diseases of the Chest, is not calculated to increase the respect of the outside world for the methods of warfare pursued by the latter. When they were defeated in their tyrannical attempt to dictate to their colleagues what remedies should be used and what remedies should be tabooed in the Infirmary, they sent to the Executive Committee and Governors the following letter of resignation:—

"LORDS, LADIES, AND GENTLEMEN,—After the vote of the Governors at the Special General Meeting on Wednesday last, which enables professed homœopaths to hold office on the medical staff, it has become necessary for the undersigned members of that staff to resign into your hands the appointments which have been held by many of them for a long series of years, under the belief that their services were appreciated and that they were doing good and useful work for the sick poor; it is, therefore, with great regret that they take this step, but the action of the governors has left them no alternative. The undersigned took office in the belief that they were connecting themselves with an institution belonging to and governed by the doctrine and practice of

established medical science, sanctioned by the most learned professors and schools of medicine throughout the world, and which alone is held and taught by our own governing bodies ; and they feel that this new departure is equivalent to an abandonment of the same, and that its acceptance would be a betrayal of honour unworthy the members of the noble profession to which they belong.

“ Thanking you for the confidence hitherto accorded,

“ We remain, your obedient servants,

“ THOS. HAWKSLEY, M.D. ; WM. CHOLMELEY, M.D. ;

“ F. CARR-BEARD, F.R.C.S. ; R. FEATHERSTON

“ PHIBBS, M.R.C.P. ; JULIAN WILLIS, M.R.C.P. ;

“ ROBERT WALFORD, M.D. ; SCUDAMORE POWELL, M.D.”

The laboured disingenuousness of this letter must strike every one who reads it attentively. The vote of the Governors at the special general meeting did not enable “ professed homœopaths ” to hold office on the medical staff. Drs. Jagielski and Marsh, the “ professed homœopaths ” in question, were unquestionably, under the laws and constitution of the Infirmary, enabled to hold, or rather were not disabled from holding office on the medical staff, and the motion of their opponents endeavoured to disable them by introducing a novel and intolerant rule or practice into the infirmary which had never been there before. That the signers of this document “ took office in the belief that they were connecting themselves with an institution belonging to and governed by the doctrine and practice of established medical science, &c., ” is a mere rhetorical flourish intended to throw dust in the eyes of the non-medical governors, for the signers and all medical men know that there is no special doctrine or practice of established medical science—that, indeed, there is no established medical science. There is an established medical clique, who occupy all the posts of dignity and emolument in this country, but an established medical science is nonexistent, and it would puzzle the Society for General Information itself to say what is the doctrine or practice of the established medical clique, for it is well known that the practice of the leading men of the profession is as various as the length of their beards, and that it varies from year to year, or at least from decade to decade. As for any particular doctrine or practice being “ sanctioned by the most learned professors and schools of medicine through-



out the world," it is a matter of notoriety that as a rule the learned professors differ irreconcilably among one another on therapeutic matters, and the more learned the professor the more sterile is his doctrine, and the more nihilistic is his practice. The "new departure" of which these seven sages complain was simply a declaration of the inalienable right of every medical man to treat his patients according to his own conscientious convictions. How the acceptance of this declaration "would be a betrayal of honour unworthy the members of the noble profession to which they belong," is the purest rubbish that ever was penned.

There is something ludicrous and at the same time contemptible in the spectacle of a number of members of a "noble profession" resorting to the mean trick of falsely claiming to be "the Medical Staff" when they were only a portion of the Staff, falsely accusing two of their colleagues of having obtained their posts by false pretences, and endeavouring to extort from the Governors a vote in favour of their motion for expelling two of their colleagues for conscientiously using remedies of which they themselves had no experience, under threats of abandoning their posts in the Infirmary, while at the same time they talk of their concern for the "honour" of their "noble profession."

The letter of demission of the seven advocates of intolerance was followed by an epistle addressed to the editor of the *British Medical Journal* by the Senior Consulting Physician, of which we subjoin a copy:—

‘ Resignation of the Medical Staff of the Margaret Street  
Infirmary for Consumption.

"Sir,—In the *Journal* of February 24th it is announced that the resignation referred to in the above heading has taken place, but no mention is made as to the cause and motives which led the Staff to take so serious a step. Permit me to state them very briefly. The cause was the adoption by a special meeting of the Governors of the Institution of a resolution which made it lawful for a professed homœopath to take and hold office on the staff. We felt that it was impossible to accept such a resolution; first, because our own common sense, our knowledge and experience assure us that the distinctive title proposed for admission implies an absurdity. We know that the art and science of medicine rest on a basis much too wide and recondite to be comprehended in a formula

so narrow and inductively unproven as *similia similibus*, and that to accept the brazen blare of the trumpeter of one sect would be to open the door for others, so that any institution proposing to work in the quiet and laborious field of true scientific knowledge and experience would find itself invaded and broken up by all sorts of wild theorists and hunters after notoriety.

“In the next place, we felt that it would be wanting in respect to our noble profession, and be disloyal to the interests of true science to condone and acquiesce in an action so disrespectful and inconsiderate. Many of us had worked for this Institution for a long series of years without any reward but that arising from the gratification of being useful to the poor, and we break our connection with it very regretfully.

“In conclusion, I would beg to submit that it is now the duty of the medical press to take charge of the position. We hope to learn from our professional brethren that we have done our duty, but we think the case is one which demands the Argus eye and the trenchant power of the leaders and guardians of public opinion and of honest action to see, and, as far as possible, to insist on justice being done. We seek nothing for ourselves, but we shall be astonished and pained if in the end it be found possible that an institution which was founded and has for years been supported by the charitable on the assumption that it was carried on for the benefit of the consumptive poor, through the ordinary and orthodox practice of medicine, is now to be diverted from its course without the consent of those who made it what it is, and its funds employed in a practice other than that intended by the donors.

“The Institution has, I believe, some funded property and a valuable lease, given and granted on the assumption mentioned. Surely there will be some enquiry and action taken by the Charity Commission, and the lawyers may find some exercise of the question as to malversation of funds.

“I remain, &c.,

“February 28th.

“THOS. HAWKSLEY.

It will be observed that neither the united malcontents nor Dr. Hawksley say what the amendment adopted by the governors at the special general meeting was, which led them to resign their connection with the infirmary. Dr. Hawksley in this letter professes to state the causes and motives which led “the staff” (meaning certain members thereof) to take so serious a step. Our readers know what the resolution the governors adopted was, and

they know that it is quite untrue to say that it was "a resolution which made it lawful for a professed homœopath to take and hold office on the staff." On the contrary, it was already quite lawful, that is to say, there was nothing in the laws of the infirmary to prevent it. The seven malcontents attempted to make this unlawful, and to compel the resignation of two of their colleagues for treating their patients by a method they had found by experience to be the best, and of which their opponents did not even pretend to know anything. The innovators were Dr. Hawksley and his friends. The governors by their vote protested against this "new departure." They resolved to preserve intact the right of their medical officers to practise in the way they believed to be the best. Dr. Hawksley states what he knows to be at variance with the fact, when he talks about a "distinctive title proposed for admission." There is absolutely not the slightest foundation for this assertion. He says: "We know that the art and science of medicine rest on a basis much too wide and recondite to be comprehended in a formula so narrow and inductively unproven as *similia similibus*." This may be fine writing, but it is not on that account common sense. What the wide and recondite basis on which the art and science of medicine rest is, we have not the slightest notion, and we readily grant that this basis, whatever it may be, cannot be comprehended in a formula narrow or broad. But homœopathy does not concern itself with such abstruse questions, and its formula *similia similibus curentur* is merely a therapeutic rule of pretty general application—nothing more. How the acceptance of "the brazen blare of the trumpeter of one sect would be to open the door for others," is quite beyond us. Possibly Dr. Hawksley may have had in his mind the effect of the trumpets of Joshua on the walls of Jericho, but then, if we recollect aright, Joshua's trumpets were made of ram's horns, so they would not likely have made a "brazen" blare. Probably this is another of Dr. Hawksley's specimens of fine writing, and is not intended to have any particular meaning. Providence has endowed us with but a limited intellect, and we confess, to our sorrow, that we do not comprehend the incomprehensible. Perhaps we should accept Dr. Hawksley's "brazen blare" as a specimen of what Mrs. Gamp would call "bragian impercence." The

dreadful consequences of accepting the "brazen blare of the trumpeter" are not limited, it would appear, to opening the door for others—other trumpeters apparently—and we are not the least astonished to find that the quiet of the institution would be considerably broken up if invaded by the brazen blares of all these trumpeters.

How "it would be wanting in respect to our noble profession, and be disloyal to the interests of true science," to accept a resolution asserting the right of medical men to practise according to their judgment of what is best for their patients is by no means clear, nor yet how such a resolution can be considered "disrespectful and inconsiderate." Disrespectful to whom? Clearly not to "our noble profession," for it merely asserts their rights and independence. Disrespectful to the Executive Committee, who wished to dictate to two of the medical officers what remedies they were to use and what they were not to employ? But the annual meeting on the 26th January had already decided that the Executive Committee had no right to interfere with the medical practice of their medical officers; and there is not a medical officer of any hospital or dispensary in the world who would not feel that it was very disrespectful behaviour to himself if any Executive Committee of laymen, or indeed if any of his fellows on the medical staff, were to denounce his treatment and order him to discontinue it.

"Many of us," Dr. Hawksley asserts, "had worked for the institution for a long series of years." True; but Dr. Hawksley was not one of these workers, if the tradition current in the infirmary is correct, that he had not been seen within its walls for 15 years.

Dr. Hawksley concludes by hoping his professional brethren will tell him and his friends that they have done their duty. Perhaps the *Lancet* and the other periodicals of his clique will do so, but we doubt if reflecting members of the profession will thank them for opposing a resolution asserting the rights and independence of the medical profession; and as battles have never yet been won by running away, it is doubtful if even the most bigoted hater of homœopathy will approve of their pusillanimous conduct in abandoning an institution of which they were appointed in some measure the guardians, to "brazen

blaring trumpeters," "all sorts of wild theorists," and "hunters after notoriety."

Dr. Hawksley and his friends now retire from the conflict with the sweet consciousness of having done their duty. They have done it according to the most approved methods of their sect in its opposition to homœopathy. They have insolently offered to their colleagues the alternative of abandoning the treatment the latter considered best for their patients, or of resigning their posts in the infirmary; they have passed a verdict of condemnation on a method of treatment they have neither studied nor tried; they have disdained to offer the shadow of an argument or the semblance of a proof against a system of therapeutics practised by thousands of colleagues as highly educated as themselves, but have vainly imagined that their unreasoning prejudices should outweigh the convictions of those who have carefully studied the arguments and evidence in favour of the excellence of a rational and scientific mode of treatment; they have resorted to misrepresentation, calumny and threats in order to obtain the expulsion of their colleagues on the medical staff, while they represent their own conduct to be dictated by concern for the honour of their noble profession and loyalty to the interests of true science!

Having thus done what they profess to consider their duty, they now appeal to the medical press "to take charge of the position." "The case," Dr. Hawksley exclaims, "demands the Argus eye and the trenchant power of the leaders and guardians of public opinion and of honest action." "Argus eye" is scarcely a happy expression. Argus, if we remember rightly, had a hundred eyes, but on a certain memorable occasion they did not prove to be particularly wide-awake, so having been a failure as visual organs they were used to ornament the tail of a peacock, a bird distinguished for its vanity and conceit, and therefore a very fit emblem of the opponents of homœopathy. "Eagle eye" would seem to be a more appropriate term to express what Dr. Hawksley meant, and we should have thought it would have occurred more naturally to him than "Argus eye." "Trenchant power" is evidently an allusion to the *Lancet*. But we confess we are unable to comprehend how the trenchant power of the *Lancet* or the eyes of all the other leaders and guardians of public opinion, were

they as numerous as those of Argus, will be able to convert the Infirmary for Consumption into that stronghold of intolerance which Dr. Hawksley and his friends endeavoured, but the governors refused, to make it.

Of course Dr. Hawksley is quite wrong in saying that the Infirmary was founded and supported on the assumption that the medical practice in it was to be of "the ordinary and orthodox" character. As medicine is continually changing, the ordinary treatment of the period when the Infirmary was established would be held to be very extraordinary treatment now; and every one knows that there is no such thing as an "orthodox practice of medicine," for "orthodoxy" implies the possession of a creed, and the medicine of the clique to which Dr. Hawksley and his friends belong has no creed at all, and is as changeable as the fashions of a lady's bonnet.

Apparently, Dr. Hawksley is not very confident of much help from the "Argus eye" and "trenchant power" aforesaid, for in his concluding paragraph he invokes the aid of the Duke of Portland, the Charity Commissioners, and the legal profession generally, to come to the succour of the Infirmary. If Dr. Hawksley and his friends were not able to help themselves when they were on the Medical Staff of the Infirmary, we doubt if they will get any more efficient help from able editors with Argus eyes and trenchant powers, or from dukes, Charity Commissioners, or the whole legal faculty. Dr. Hawksley's insinuation, that because he and his friends have left the Institution there will be "a malversation of its funds," is only remarkable for its vulgar insolence. But it is evident the letter was written under the influence of anger and mortification caused by the complete failure of the plot to get rid of the obnoxious members of the Staff, and this will account for—though it hardly excuses—the slip-slop composition and the discourteous style of Dr. Hawksley's letter.

The attitude of the bulk of the medical profession towards their colleagues who accept Hahnemann's therapeutic law is not creditable to their common sense, and is even injurious to their own interests. A system of therapeutics founded on reason and supported by facts cannot be put down by misrepresentations and denunciations. To refuse to discuss it, to test it, or to examine the evidence it offers, to meet its arguments with silence,



to reject with scorn its offers to prove its case, and to revile its practitioners will not prove its fallacy. This business of the Infirmary for Consumption shows the impolicy of the customary method of treating homœopathy. Not only have the partisans of established medicine lost the Institution, which has hitherto been in their undisturbed possession, but they have exhibited themselves before the public in the character of an unscrupulous faction of intolerant partisans, who have not hesitated to resort to the meanest tricks of misrepresentation and calumny to persecute two of their colleagues for holding medical theories which can only be properly discussed in medical societies and publications. Dr. Hawksley, the Senior Consulting Physician, not content with the brief letter of resignation he signed along with his fellow-plotters, must needs expand this document in the way we have seen. His letter is by way of a comment on the vote of the Governors, but he takes good care not to say what the vote was about. Had he given the words of the amendment to which he objects the whole of his case would at once have collapsed.

The partisans of what they call "orthodox" medicine, in their rancorous attacks on homœopathy, appear before the public as the intolerant enemies of freedom of opinion, and all the time they profess to be the representatives of science in medicine—science, which cannot exist without liberty of opinion! They endeavour to obtain the expulsion of colleagues from an institution for no other reason than that these colleagues differ from themselves in medical treatment, while they differ among themselves quite as much as they differ from us, and are as strangely tolerant of their mutual differences as they are intolerant of our peculiar difference. They are no fools, for they are not taught by experience. Their like-minded colleagues in New York, at the Ophthalmic Hospital there, played precisely the same game as they have just done in this metropolis and with precisely the same result. One of the physicians of the American institution becoming convinced of the superiority of homœopathy, treated the patients with homœopathic remedies. His allopathic colleagues endeavoured to procure his expulsion, and failed, so they all resigned amidst the applause of their periodicals and societies. The governors immediately elected a staff of physicians and surgeons belonging to



the homœopathic school, and the hospital, much to the chagrin of the bigots, has ever since gone on and flourished beyond all its previous record.

When will our opponents learn that scientific matters can only be rightly treated by scientific methods; that colleagues should not be ostracised and treated as moral reprobates because they hold theoretical or practical views differing from those of the majority; that a method of treatment can never be refuted by misrepresentation, abuse, and calumny; that the public, who are no inattentive observers of what takes place in the medical world, have a just contempt for those who evade discussion, meet facts and arguments with silence, deny liberty of opinion to colleagues every way their equals in education, in qualifications, and in character, and run away from any institution where they are not allowed to suppress all opinions but their own?

We might address the words of a much persecuted man of old to our opponents: "No doubt you are the people, and wisdom shall die with you; but we have understanding as well as you, and we are not inferior to you!"

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## REVIEWS.

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*On Aphasia: being a Contribution to the subject of the Dissolution of Speech from Cerebral Disease.* By JAMES ROSS, M.D., LL.D., Aberd., F.R.C.P., &c. London: J. & A. Churchill, 11, New Burlington Street. 1887. Pp. 128.

THE work before us constitutes the fullest and clearest enquiry into the pathology of that very prominent symptom of many cases of cerebral disease—a total loss, or impaired power of speech—which we have seen.

The author commences with a few remarks on language and on the nervous mechanisms which the full use of language presupposes.

He here shows that language consists of *motor* and *sensory* functions, and that these are regulated by corresponding motor and sensory nervous mechanisms. Speech he divides into spoken, written, and pantomimic speech. Each of these kinds of speech is, he adds, regulated by a mechanism in the spinal cord or medulla oblongata with its attached nerves, and by a cerebral cortical centre with its attached centrifugal conducting path. As the spinal mechanism, with its attached

nerves and muscles acts in subordination to the cortical centre, Dr. Ross terms it the *executive* department of speech ; while the cortical centre, with its attached conducting path, he describes as the *emissive* department of speech. In the sensory function of speech, the sense of hearing plays the most important part, just as the vocal apparatus does in the motor function. Written and pantomimic speech are appreciated through the eye ; while, by the device of raised letters, the sense of touch may compensate the blind in their efforts to comprehend written speech. The nervous mechanisms which preside over the sensory functions of speech consist of the various peripheral sense organs with the centripetal conducting paths connecting them with the highest nerve centres, and of the cortical centres themselves. The former Dr. Ross designates the *receptive* department of the function of sensory speech, the latter he has, after rejecting more than one term as inadequate in expression, called the *apperceptive* department of sensory speech, that in which the impression received at the periphery is appreciated. This apperceptive department is the function of the cortical centres lying between the termination of the sensory conducting paths and the emissive department of the motor mechanism.

The term aphasia is not intended to comprise disease of all these functions and mechanisms, but only a diminution or loss of the function of the *emissive* department of the motor or of the *apperceptive* department of the sensory function of speech, or of both of these departments combined. Aphasia is thus the result of disease of those cortical centres of the brain with their attached conducting paths, which give final co-ordination to the cortical impulses before transmission to the spinal nuclei, in the one instance, and after reception from the peripheral sense organs in the other, or of both at the same time.

Having thus defined the meaning to be attached to the generic term aphasia, Dr. Ross proceeds to discuss the several forms presented by it. Motor aphasia may be complete, *i.e.*, the patient is unable to communicate his thoughts, either by articulate words, by writing or by gesture. The loss of power to articulate words is named *aphemia*, to write, *agraphia*, to express them by gesture, *amimia*, and by all their means at once, *asemasia*. In *aphemia* a patient may be speechless but not wordless, that is to say, he may be able to utter words which have no intellectual value when he used them, such as "yes" or "no," or some other phrase, on all occasions. The "executive" department remains intact, there are no symptoms of labio-glossal-pharyngeal paralysis. The language of the emotions is little or not at all affected, the power of smiling,

frowning, &c., being unaltered. The sensory function of speech also remains, the patient understands what is said to him, remembers it, and also what he reads.

In sensory aphasia, the chief disorder of speech is found in the apperceptive department. If a simple request is made to a patient, who while able to hear ordinary noises pays no attention to it, it may be inferred that he has not appreciated it, in other words, that the part of the apperceptive faculty of speech in relation with the sense of hearing is disordered—he is suffering from *word-deafness*. Again, if an educated man, while avoiding obstacles and noticing surrounding objects, fails to recognise simple written or printed requests, or is unable to read, though capable of expressing his thoughts correctly in spoken words, then it is concluded that the part of the apperceptive faculty which is relative with the sense of vision is disordered—he is suffering from *word-blindness*.

Combined sensory and motor aphasia is, Dr. Ross says, frequently present in the early stages of cases which turn out after a time to be purely motor; a gradual recovery of the apperceptive faculty of speech taking place. In other cases again, our author has observed that the impressive faculty of speech is even more profound than is that of its expressive faculty.

We have given this summary of the author's views, as we purpose doing throughout this notice, almost in his own words. The interest attaching to them is, however, greatly heightened and their accuracy confirmed by the admirably reported cases—cases so reported, indeed, as make one feel when reading them as if in the actual presence of the patient.

Dr. Ross next considers the morbid anatomy of aphasia. The nature of the lesion may be either functional (as after sunstroke, in cerebral neurasthenia, from a severe fright, &c.) or organic, where destructive changes in the brain have been produced, as after fracture of the skull, with depression. Of all the causes of aphasia, occlusion of one or other of the branches of the Sylvian artery is the most frequent. How and why this is so, Dr. Ross explains very fully and precisely.

In motor aphasia the ultimate lesion is most usually situated in the posterior part of the third convolution. From motor agraphia being generally associated with aphemia, it is probable that the motor cortical centre for writing lies near to that for the special movements of spoken speech, and Exner is cited as placing it in the posterior part of the second left frontal convolution.

In apperceptive aphasia, Dr. Ross localises the lesion in the area of distribution of the parieto-sphenoidal and sphenoidal branches of the Sylvian artery, placing word-deafness in the

first and second temporo-sphenoidal convolutions, and word-blindness in the angular gyrus, and adjoining part of the inferior parietal lobuli.

In the pages next ensuing, Dr. Ross enters upon a very careful and interesting exposition of the morbid physiology of the disorder, carefully analysing the symptoms of aphemia and agraphia from a physiological point of view. Having done so, he describes the attempts which have been made by the aid of diagrams to show the connection between the clinical varieties of aphasia with disease of certain parts of the nervous mechanisms of speech, dwelling chiefly on those of Kussmaul, Charcot, Lichtheim and Broadbent. He then describes clearly and succinctly his own views of the nature of the connection existing between the various speech disorders and the lesions which underlie them.

Motor aphasia, he regards as the result of a genuine paralysis, a want of motor co-ordination, not an *ataxia* or mere irregularity of co-ordination; and, after assigning his reasons, he concludes that aphemia and motor agraphia are a paralysis of highly specialised movements; that in rare cases the special movements of articulation, and of the hand in writing, are paralysed without the general movements of the respective organs being interfered with; but, that in most cases, not only the special but the general movements also suffer to some extent, and then only is it popularly recognised that the speech disorder is accompanied by, or is part of, hemiplegia. Tracing the lesion further he states as a general proposition that the muscles of one lateral half of the body are regulated from the cerebral hemisphere of the opposite side, and that the centres for the regulation of the movements of the opposite side of the body are situated on the outer convex surface of the cerebral hemisphere, the so-called motor area. He then, at some length, enters upon a closely worked out argument showing that a superficial lesion of the cortex of the brain will abolish, in a motor centre, the power of performing unaccustomed actions, while leaving intact the power of performing those actions, which have been so frequently repeated that they have become automatic, or are effected in an unconscious manner. Hence a superficial lesion of Broca's convolution may destroy the power of uttering all unaccustomed words, while leaving intact the power of uttering a considerable number of the words which have been early acquired, and have been so frequently repeated that their utterance has become automatic. A lesion passing somewhat deeper in the cortex may entirely abolish the power of giving utterance to spontaneous speech, while leaving unaffected the automatic power of repeating words uttered in

the hearing of the patient. A still further degree of injury may arrest the power of repeating words, while leaving intact the power manifested by infants, in their first endeavours at speech, of uttering a large number of vocable or syllabic sounds, amongst which no word having a definite meaning can be detected, thus forming one variety of "gibberish aphasia."

Dr. Ross denies that in aphasia there is any loss of memory of words, grounding his denial on the fact that the subjects of these disorders understand vocal and written speech, although unable to give expression to their thoughts in words. If, however, there is not an absolute or complete loss of memory in words is there not a partial loss, a diminution of such memory to an extent requiring it to be stimulated by the vocal or written speech of others? A memory so imperfect that it requires to be "jogged"—to use a colloquial expression?

As aphemia and motor agraphia are a motor paralysis, so, Dr. Ross contends, is apperceptive aphasia a partial sensory paralysis, resulting from damage of the visual and auditory cortical centres.

Cases of verbal amnesia, or loss of memory of words are now examined with much minuteness, and the views of Dr. Broadbent upon this variety of cerebral disease are subjected to a very close criticism.

Dr. Ross concludes this highly interesting and instructive monograph by a few remarks on the special treatment of aphasia. This he limits to a kind of education or training. How far medicinal agents are capable of modifying such a condition as that which gives rise to aphemia or motor agraphia we cannot say. But when we remember that neither arises until softening of the tissue of the cortical centre has occurred, and that this again is due to occlusion of the sylvian artery in some part of its course—our opportunities appear indeed to be but slight. Nevertheless, as partial recovery is slowly made in some cases, and as, where the syphilitic poison is the *fons et origo mali*, the *iodide of potash* has proved useful, we must ever hope that by specific stimulation, repair to some extent may be assisted. In looking for such a specific stimulant *phosphorus* and *plumbum* may be usefully studied in some cases, *stramonium* in others, and *crotalus* where a toxæmic influence has been the exciting cause.

We have in our notice of Dr. Ross's contribution to the "subject of the dissolution of speech from cerebral disease," given merely the conclusions he has arrived at in its study, and that for the most part in his own words. The clinical illustrations, pathological observations and physiological

disquisitions upon which these conclusions rest, are carefully drawn, exact, thoroughly worked out, and will well repay their close and attentive study.

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*A Cyclopædia of Drug Pathogenesis.* Edited by RICHARD HUGHES, M.D. and J. P. DAKE, M.D. Part V., *Cantharis—Chromium.* London: Gould & Son. 1887.

THE appearance of the fifth part—the commencement of the second volume—of the *Cyclopædia of Drug Pathogenesis*, is further evidence of the zeal and industry of its editors. The present part contains a recital of the effect of some very valuable drugs. Commencing with *cantharis*, a brief notice of *capsicum* is followed by an account of recent experiments with *carbo*, then a very full proving of *carboneum sulphuratum*—the bisulphide of carbon—to which in the next edition will doubtless be added the two cases reported by Dr. Ross of Manchester, in the *Medical Chronicle*, and transferred thence to the pages of our February Review; then we have *carduus*, *caulophyllum*, *causticum* (concerning which as there is nothing new to relate, Hahnemann's provings are referred to), *cedron*, our old friend *chamomilla*, *chelidonium*, *chenopodium*, *cinchona* and its alkaloid, *chloral* styled here *chloralum*—the name by which a patented disinfectant powder was known a few years ago—and the commencement of *chromium*, under which are included *chromic acid*, the *chromic sesquioxide* and the *bichromate of potash* or *potassic bichromatum*.

Here is abundance of material for our study until the next part appears.

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## MEETINGS.

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### LIVERPOOL MATERIA MEDICA SOCIETY.

THE third meeting of the Society was held at the Dispensary, Hardman Street, on Thursday evening, December 16th, the President, Dr. Mahoney, occupying the chair.

The subject for the evening's discussion,

*Rhus*,

was introduced by Dr. FOURNESS SIMMONS, who embraced in his remarks the three species of the genus used in the practice of medicine, viz., *R. radicans*, *R. toxicodendron*, and *R. venenata*. He pointed out that while the sphere of action of *rhus* was very extended, the primary pathological condition produced was one of irritation—proceeding sometimes to inflammation, attended

with infiltration of the cellular tissues with serum, thus giving rise to œdema.

The skin, he said, is the portion of the body most prominently affected, even the near proximity of the fresh plant being sufficient to cause a condition resembling vesicular erysipelas. A similar result takes place upon the mucous surfaces to which the plant is applied. The joints and muscles become inflamed, the inflammation being of a rheumatic character. The characteristic condition produced by *rhus* is that the symptoms are nearly always aggravated by rest and relieved by motion, though the first attempt at movement may be attended by an increase of the pain, which, however, wears away in a short time after movement has taken place. After the prover has been moving for some time he begins to feel weak and to need rest, but while resting the pains return with renewed vigour and compel him to keep moving as the only means of obtaining ease—thus giving rise to a condition of great restlessness—a restlessness usually attended with anxiety, prostration, &c.

The symptoms produced by *rhus* are aggravated by cold and wet, and *rhus* is the first medicine one thinks of for affections produced by getting wet, especially if while perspiring freely. There is amelioration from warmth and aggravation after midnight.

The mental conditions produced by *rhus* correspond very closely with those of the earlier stages of some cases of typhus and typhoid fever—there being somnolence, delay in replying to questions, tendency to a delirium of a suicidal character. There is no condition of profound coma.

A symptom that appears to contradict the usual characteristic of the *rhus* pains is that of the headache produced by this drug, a feeling as if the brain were loose, and struck against the cranium on every motion of the head. In many eye diseases *rhus* is of value, especially in those attended by œdema of the lids, with a tendency to suppuration. Whatever may be the nature of the discharge, it is always acrid and excoriating. In the skin the affection produced by *rhus* is an erysipelatous inflammation attended by the formation of vesicles, which vary considerably in size, with the surrounding parts of a deep blueish-red colour. These eruptions may occur anywhere—they sting, itch, and burn violently. Hence its use in vesicular erysipelas, Herpes Zoster, and the vesicular group of eruptions generally.

The skin lesions are prone to commence on the right side of the body, spreading to left, except in the face, where the order



is reversed. *Rhus* has an elective affinity for the right side of the body—all the eruptions and pains go from right to left, except in the face and throat—then, and only then, from left to right.

A characteristic condition of the tongue is present as a result of *rhus* disease—a *triangular red tip*, the rest of the organ being thickly furred.

There is great thirst, though cold drinks are apt to give rise to gastric uneasiness. The abdomen becomes tympanitic, and the stools, which are bloody and watery, occur commonly about 4 a.m., being frequently attended with tearing pains in the thighs.

After referring to the rheumatic and paralytic symptoms produced by *rhus*, Dr. Simmons remarked that so far as dose or dilution was concerned, it mattered little what either was if the symptoms present indicated the exhibition of *rhus*.

Dr. HAWKES said that *rhus* was so frequently required in this district on account of the prevalence of wet and cold, that it had become known as a "Liverpool remedy." He referred to the value of *rhus* in acute conjunctivitis, with profuse acrid tears; from its pathogenesis it ought to be still more indicated by the presence of phlyctenulæ, but he had not found such good results from its administration in these cases as from *kali bichromicum*.

Dr. HAYWARD spoke of *rhus* as a drug which seldom disappointed one in practice; and he considered that its great sphere lay in affections of the fibrous structures, especially the ligaments of the joints and the sheaths of the muscles. While the nerve pains caused by *rhus* were probably to some extent due to affection of the nerve sheath, he believed the nervous symptoms to arise from a true toxæmia.

Dr. GORDON said that in scarlatina he had found *rhus* indicated (by the papular eruption) quite as frequently as *belladonna*.

Dr. MAHONY noticed two points in the pathogenesis of *rhus*, which were very characteristic. First was the snowy white urinary deposit; and second, the prevailing restlessness of position, differing from that of *arsenic* in the fact that while with the latter the individual desires to be continually changing his position, in and out of bed, for instance, with *rhus* it was change of posture of the body itself, while remaining in bed.

## NOTABILIA.

THE MARGARET STREET INFIRMARY FOR  
CONSUMPTION.

Our contemporary, *The Medical Press and Circular* of the 9th ult., devoted a leading article to the expression of some curious editorial notions on homœopathically-practising physicians and homœopathy, *à propos* of the recent struggle at that institution for freedom of opinion in therapeutics, to which Dr. Dudgeon contributed a very complete answer in the next number.

The editor describes this struggle as "a pitched battle between the orthodox practitioners and the homœopaths!" Who, we may ask, are "the orthodox"? Twenty years ago, Professor Gairdner, of Glasgow, who at that time, at any rate, hated homœopathy as bitterly as any member of the profession, said, in an address before the students of his university: "The day of *orthodoxies* is over, the day of real science is only just dawning. It is no longer possible to condemn a man, even by implication, for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future and to lay the foundations of the faiths of our successors." And then, having mentioned a few well substantiated physiological facts, he goes on to say: "But though true and well assured beliefs, these things are not orthodoxies, because no one has a title to say to any one else, I insist that you believe so-and-so, or I will disown you as a medical brother."

In short, to write of orthodoxy in therapeutics is to write sheer nonsense. Indeed, doing so seems to imply that the writer has no more consciousness of the meaning of the words he is using than had the late Mrs. Malaprop of those she adventured on.

"The deeply-rooted antipathy," writes the editor, "of most practitioners to having anything to do with homœopaths arises from the reprobation with which all honourable men must view the act of sailing under false colours." This deeply-rooted antipathy, if such is its origin, has no foundation in fact. Medical men who practise homœopathy do not sail under false colours. Were any evidence of this needed we can find it in a sentence or two later, in the same article, where the writer objects to them because they do not! He here objects to them on the ground that they assume or accept

designations implying the adoption of special modes of treatment. Homœopathy is a special mode of treatment. The man who practises this special mode of treatment, without sailing under false colours, is precisely that one who either publicly declares that he is a homœopath, or when appealed to as to whether he does or does not practise homœopathy accepts the impeachment. It is those who teach homœopathy, and at the same time protest against its being regarded as true, and those who practise homœopathically as far as they know how to do so, and yet in medical societies and elsewhere declare that homœopathy is "all humbug," who are sailing under false colours—and their number is ever on the increase.

"A sufficient excuse," we are told for our "ostracism by the great bulk of the profession," is found in homœopathy lacking "a genuine scientific basis," a want which, it is said, vitiates our method, and our "affectation of adhering to a system which is uncorroborated by fact, reason, or theory."

To show that homœopathy has a genuine scientific basis would be easy enough for any well-read and experienced physician; to prove the contrary is beyond the power of anyone. The former position has been sustained over and over again, the latter has oftentimes been attempted but has never been successfully sustained.

To describe our adherence to homœopathy as "affectation" is impertinent. To assert that homœopathy is "uncorroborated by fact" shows at once that the writer knows nothing of the subject on which he presumes to pass judgment.

"There is not" continues the editor, "any desire to impose any particular doctrine or mode of treatment." Possibly not; but there is a desire to impose an obligation to abstain from one "particular doctrine or mode of treatment." This is just as offensive, just as repugnant to freedom of opinion in medicine, just as detrimental to the progress of therapeutics, as would be the desire to impose some particular doctrine or practice.

In the next paragraph the editor insinuates that any member or fellow of the College of Physicians can be deprived of his diploma if he practises homœopathy! All we can say is let the College "make an effort"! If they fancy that they possess such a power let them attempt to exercise it! In 1694 the College sent Dr. Greenfield to Newgate for prescribing *cantharides* in strangury, that is to say for practising homœopathically! They would not find it quite so easy in 1887 to deprive Dr. Jagielski of his membership for so doing, as they did to prevent Dr. Greenfield in 1694 from using *cantharides* in that very form of disease in which mem-

bers and fellows of the College now constantly employ it! But as the party represented by *The Medical Press and Circular* has just been "repulsed" in a "pitched battle," if the editor can find any solace to his wounded feelings in writing a little "bunkum," we would be the last to complain of his doing so; we only wish to remind him that this sort of writing is "bunkum," and nothing else.

A very important piece of information (derived from France) is conveyed in the next sentence:—"As the French say, a door is either open or shut, and a hospital is either governed by the ordinary rules or it is not." What are the ordinary rules? Is it an "ordinary rule" for a portion of the medical staff of a hospital to complain to its secretary that some of their colleagues do not treat their patients in the same way that they do, and to ask him to request their resignations unless the minority conform to the notions of the majority? Is it an "ordinary rule" for a secretary to a hospital to write to members of its medical staff and direct them how to treat their patients; and failing their acceptance of his instructions to order them to resign their posts? These are the "rules" which the late members of the medical staff of the Margaret Street Infirmary sought to enforce. They failed to do so, and justly failed. Anything more preposterous, anything more injurious to the welfare of a hospital, anything more antagonistic to the progress of medical science was never proposed.

The climax of the editor is very fine! "What is to be done? The question is one which we leave to the future to decide. It is no affair of ours if certain people choose to throw in their lot with the homœopaths. They and the institution with which they are connected will cease to enjoy the confidence and respect of the vast majority of their fellow practitioners, and if they are proof against this the only course is to allow them to wallow in their own heresies." What a catastrophe! If the "confidence and respect of the vast majority of medical men" can only be purchased by sacrificing liberty of opinion in therapeutics it is not worth having. If homœopathy is a "heresy," we cheerfully accept the invitation "to wallow" in it.

After all this rhodomontade, the article, we have quoted from, concludes with some very sound advice. "Medical men" it is advised, "should think over their reasons for ignoring homœopaths, so as to be enabled, when necessary, to give a reason for the faith that is in them." We heartily wish they would. The more the reasons ordinarily advanced for ignoring homœopaths are examined, the more absurd, the more puerile they will appear. None that we ever heard of would stand the test of ten minutes cross-examination.

“ They must convince the public that their attitude does not arise from any wish to restrict or limit the scope and field of practice.” This is a cruel obligation to impose. Its attempt would involve an amount of casuistry to which a medical man is quite unequal. The opponents of freedom of opinion in therapeutics *do* wish “ to restrict or limit the scope and field of practice.” In endeavouring for the last sixty or seventy years to stamp out homœopathy, they have striven by every available means to restrict and limit both “ the scope and field of practice.” To state that their opposition to homœopathy is derived “ simply and purely from a dislike for the use of designations, which are misleading and contrary to the respect and dignity of the profession,” is the merest cant—genuine Stiggins cant.

The opposition to homœopathy is derived from a consciousness that homœopathy is *true*, and the necessity the acknowledgment of this consciousness would involve, of devouring a large number of words written ignorantly and hastily in the past.

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### HOMŒOPATHY IN LIVERPOOL.

THERE is no city or town in the United Kingdom in which homœopathy has made greater or better sustained progress in popular and professional esteem than it has done in Liverpool. That such is the case is very largely due to Dr. Drysdale, who settled there forty-six years ago. It is very much owing to his high character as a man, his ability as a physician, his generosity as a colleague, and his thoroughness as a homœopathist, as well as to his well earned reputation as a scientific observer, that homœopathy has become so well represented there professionally and is so considerably appreciated by all classes of society in the city. There are now twenty-one avowed homœopathic practitioners there, each largely and actively engaged in practice; two dispensaries, having eleven honorary and five paid medical officers, with an average daily attendance of two hundred and forty-three patients, in addition to which four thousand four hundred and ninety-five visits were paid during last year to patients unable to attend at the dispensary. These results, be it remembered, cannot be attributed to a popular love of novelty. Novel, homœopathy was in Liverpool forty-six years ago, but any attraction it could derive from this source has necessarily worn off long since. They are the fruits of experience. They reflect that “ success,” which, as Professor Burdon Sanderson has

said, is "the one and only criterion" "in judging of the value of a therapeutical method." If homœopathy had not been true, if it had not been the basis of a successful therapeutical method, it would have ceased to be heard of in Liverpool many years past.

While estimating the degree of force to be attached to such results, as evidence of the reality of the truth of homœopathy, we must remember that they have been achieved in the face of as malicious an opposition as it has ever met with elsewhere. When Dr. Drysdale commenced practice in that city homœopathy was comparatively little known in England, it was regarded merely as a "fad," one which, in due course, would go the way of all "fads," and be no more remembered. Consequently, Dr. Drysdale, who entered Liverpool with an introduction from Dr. (afterwards Sir James) Simpson to the late Dr. Vose, was proposed as a member of the Liverpool Medical Institution by Dr. Petrie, it being understood at the time that he was a homœopathic practitioner, and he was admitted to the Institution with the tacit understanding that he should read a paper on the subject. Dr. Vose, at the meeting of the Institution in 1859, apologised for the vote he gave in Dr. Drysdale's favour in 1841 by saying, that "the doctrine was then in its infancy, and like other infants was content to creep upon all fours. Since then it had become a hydra-headed monster, and had swelled out into huge proportions." What would he think of it now, were he to rise from his grave and revisit the scene of his professional career, and, in addition, were he with some more knowledge of the subject than he ever possessed during his life-time, to read the recent work of the Examiner in *Materia Medica* at the College of Physicians! It was as an avowed homœopathist that Dr. Drysdale was admitted to the Institution in 1841. It was because he had been too successful a homœopathist, not merely as a practitioner but in gaining professional adherents to his views in the town, and in founding a rapidly increasing dispensary that, in 1859, the Medical Institution enacted a law precluding from its membership in the future all who acknowledged the truth of homœopathy, and expelling from it any who, after their election, should thenceforward admit its superiority as a therapeutic method. The success then obtained was, however, not secured until after some very discreditable electioneering trickery had been indulged in by men who professed themselves to be actuated solely by a regard for the "honour" of the profession! At the first meeting, at the end of November, 1858, the proposal was lost by 14 votes. On the 28th of January, 1859, a special general meeting of the members was

held, presided over by the late Dr. Vose, the object of which was to carry the resolution rejected at the meeting in November. To make sure of success, fifty-five new members were elected, many of whom we understand never paid their subscriptions, and we have very little doubt were never intended to pay any! For at the annual meeting, held on the 12th of January, an alteration in the law of voting was proposed to the effect that no new member should be entitled to vote until his entrance fee and subscription had been paid, inasmuch as the law as it stood actually allowed persons to vote at any time within a month of their election, whether their subscriptions were paid or not. This proposal was rejected. Then the chairman (Dr. Macintyre) endeavoured to elicit a pledge that the majority would not call any meeting during the doubtful month, and that it should be understood that no one should vote until he had paid his fees. His appeal was also unsuccessful. The following evening the council elected 55 new "members." A fortnight later a special general meeting, attended by 118 members *de facto* and members *ad hoc*, was held, when the law excluding all avowed homœopaths from membership was carried by 96 against 20.

Twenty-eight years have passed since this disgraceful law was added to the regulations of the Liverpool Medical Institution. During that time, every effort that envy, hatred and malice could suggest has been tried in Liverpool to stem the ever-onward march of homœopathy—but in vain. A lately deceased physician, who took an active part in passing this law, when called to see a patient, at a distance from Liverpool, suffering from hæmorrhage of the lungs, on arriving at the house and finding that he had been under the care of a homœopathic practitioner, refused to see him, and on being told that he was very ill and that his friends were very anxious, replied with characteristic brutality, "if he is a patient of a homœopath let him die." He persisted, nevertheless, on having his fee! Is this sort of thing calculated to sustain the "honour" of the profession? Another, who, from the number of *post-mortem* examinations he has observed, has come to be regarded as an authority in the diagnosis of chest diseases, if not in their successful treatment, recently declined to examine the chest of a young man who called on him for his opinion simply because he casually learned that he was the patient of a homœopathic physician! He, too, professes to be exceedingly tenacious of the "honour" of the profession!

The progress of homœopathy in Liverpool, it must therefore be remembered, has been made in spite of an opposition powerful, active, and unscrupulous; an opposition undeterred



in any of its methods by the slightest sense of honour—as that word is understood by gentlemen.

There still remain in the institution a number of members who feel acutely the disgrace attaching to their society by the retention of this law. At the annual meeting held in January of this year, its abrogation was proposed by them, but this resolution was defeated, 24 voting for it and 26 against it. The same bitterness still prevails, the same intolerance still exists, the same denial of the right of private judgment in therapeutics still reigns supreme in the Liverpool Medical Institution.

By what right do these twenty-six opponents of liberty of opinion in the science and of freedom of practice in the art of medicine, exclude those who differ from them, from the meetings and the library of the Institution? The Institution is not a private club, it was not founded by medical men for the benefit of medical men, still less was it opened for the advantage of a medical sect, or to indulge the exclusiveness of a professional clique. The land and £1,000 in aid of the building fund were given by the Corporation of Liverpool, for the benefit of the entire medical profession, and a large portion of the library was also presented for the use of the same body. On what grounds could the mayor and corporation justify such an expenditure of the ratepayers' money? Simply on the ground that it was devoted to the formation of an institution which should constitute a life-long post-graduate course of study for the members of the medical profession in Liverpool, for those whose knowledge of disease and its most successful treatment, it was of first-rate importance to the Liverpudlians to keep up. It was not as a professional, but as a public benefit, that the institution was contributed to so largely by the Liverpool Town Council. When they made their contribution they did so on the assumption that the institution would be for the advantage of the entire profession of medicine. They had no idea of their donation being at some time or other appropriated—to use no more harshly sounding word—by a sect.

Established then for the use—to employ the words of the first law of the institution—of “all persons registered or entitled to be registered under the Medical Act,” its members have no right to exclude any person “registered or entitled to be registered under the Medical Act,” because his views of the best method of prescribing medicines in disease differ from those held by the majority. Every medical man, prior to his being entitled to be registered, has made a solemn declaration that he will always do the best he can for his patients. Having done so, surely his liberty of prescribing

cannot be called in question by any number of his professional brethren! If this be so, neither are they justified in tempting him to refrain from doing what he knows to be the best for those who consult him by threatening him with ostracism and obloquy unless he so refrains.

It is by this means that the majority of the Medical Institution, who affect to be so sensitive for the "honour" of the profession have succeeded in preventing the further development of homœopathy among its members.

The action of the majority of the members of the Medical Institution, therefore, restricts the advantages of their society; it is an infringement upon the conditions under which the land and money to found it were received; it is contrary to the interests of the public, unjust to a number of well educated and legally qualified members of the profession, and a standing impediment to the progress of therapeutics. That it has one single advantage, either to medicine or to the public, no one has attempted to show. It is the high-handed course of an ignorant and intolerant majority, and as such will, we doubt not, be stamped out ere many more years have rolled by.

This sort of tyranny—much as, we doubt not, it has prevented the study of homœopathy by medical men in general—has been so far of service to it in that none but men of courage, men to whom high principle is everything, men by whom the unpleasant consequences of acting up to what they believe to be their right and bounden duty are not considered, would ever trouble themselves to enquire into, and still less to practise homœopathy. It is mainly owing to this that the ranks of homœopathy have ever been distinguished by being filled with men of a high moral tone, men conspicuous by their anxiety to do good to the sick and to elevate their profession.

During this year further evidence of the success of Dr. Drysdale, Dr. Moore, Dr. Hayward, and their colleagues in making the power of homœopathy felt and appreciated, will be given by the opening of the Tate Hospital. The erection of this institution, established by the munificence of Mr. Tate and the members of his family, is now nearly completed, and when the British Homœopathic Congress assembles at Liverpool in the autumn it will, we believe, be opened for the reception of patients.

We heartily congratulate Dr. Drysdale and his homœopathic professional neighbours on having, in face of so many difficulties, been enabled to render such solid service to medicine as, through their work in Liverpool, they have done in demonstrating the truth of homœopathy. The fact that infinitesimal

doses of a medicine, accurately homœopathic to a disease, will cure it is remarkable enough ; but, it would be infinitely more remarkable, if Dr. Drysdale and his colleagues had produced the results they have done, during five and forty years, through following out what Dr. Vose, in 1859, called "pure charlatanism."

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### THE HAHNEMANN COMMEMORATION DINNER.

THE annual dinner of the British Homœopathic Society, in commemoration of the birth of Hahnemann, will be held in the Victoria Hall of the Criterion Restaurant on Wednesday, the 13th of April, at 6 o'clock. The President of the Society, Dr. ROTH, will occupy the chair, and the Vice-Presidents, Dr. HUGHES and Dr. BLACKLEY, (Manchester) the vice-chairs. During the evening a choice programme of glees and madrigals will be rendered by a well-known and much appreciated choir, under the direction of Mr. Mackway.

Members who intend to be present, are requested to apply for tickets for themselves and any friends they may wish to invite to Dr. J. GALLEY BLACKLEY, 2, Gordon Street, Gordon Square, London, W.C., the Honorary Secretary of the Society, as early as possible. The tickets are 7s. 6d. each, exclusive of wine.

The very pleasant memories left by the last meeting of this kind, that held on the 10th of April, 1886, will, we are sure, induce those who were present on that occasion to do all in their power to be with us on this ; while any who were absent then will do well to come amongst us now and share the enjoyment of what promises to be a most pleasant and refreshing evening.

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### SOCIETY FOR THE PREVENTION OF BLINDNESS.

THIS Society, of which Dr. ROTH is the treasurer, secretary, and in point of fact general manager, has just issued its seventh annual report.

As our readers are aware, from our frequent references to this Society in the past, its work is mainly educational. It carries this work on by publishing and circulating among the poor thousands of leaflets pointing out the various causes which lead to blindness, and the way in which such sources of permanent injury may be avoided.

During the past year, in addition to a thousand copies of the annual report, and an equal number of Dr. Dudgeon's translation of M. Sarcy's *Mind your Eyes*, five thousand copies of a pamphlet on ocular hygiene have been issued by it. During its existence the Society has printed 124,000 copies of its publications. Of these, several are especially adapted for distribution among the poor, whose ignorance too often leads to a negligence in the management of their infants, which culminates in life-long misery. Of these the chief are: *Advice to Mothers who do not wish their Children to be Blind*; *Instructions to Midwives and Monthly Nurses on the special care needed to prevent Inflammation in the Eyes of New-born Children*; and *Hints for the Prevention of the most common Accidents causing Blindness*. These tracts might very advantageously be placed in the hands of the members of Maternity Societies, of which one is to be found in nearly all well ordered parishes; while they could be effectively utilised by district visitors.

In addition to the good results which have followed its work at home, the Society has stimulated the formation of similar associations abroad, and it is gratifying to know that in India and in Italy the influence of the Society in this direction is gratefully acknowledged by those who have followed in Dr. Roth's footsteps.

The Report notices Dr. Roth's examination before the Royal Commission ordered to enquire into the condition of the blind, when he embraced the opportunity of pointing out to the Royal Commission the desirability of instructing all who have the care of the young in the elements of ocular hygiene, and of showing the possibility of diminishing the number of accidents occurring in schools, workshops and manufactories which result in a loss of eyesight. He also drew attention to the defects which exist in medical education, and suggested that the Royal Commission should put itself in communication with the General Council of Medical Education, and induce the Council to insist upon attendance on a theoretical and practical course of ophthalmology being made incumbent upon every candidate for a medical or surgical degree or license. Dr. Roth also explained the work of the society and exhibited models of the most simple of the gymnastic exercises which he had suggested twenty years previously both for the prevention of blindness and to promote the physical development of the blind. There are few, if any, from whom the Royal Commission can have derived more practical or useful information than from Dr. Roth.

The report we have noticed is, so far as the work accomplished is concerned, most gratifying, but we cannot help regretting that so simple and yet so effective an agency for

combatting an infirmity which, while being painful and costly, is yet so frequently the result of simple ignorance, does not meet with more hearty support from those who take an active part in endeavouring to elevate and instruct the poor. It is a Society of which Dr. Roth should be the president rather than the secretary and treasurer; one in which he should be aided by a zealously working committee rather than have the entire labour of carrying on the organisation himself. Surely there are some who take sufficient interest in promoting a propaganda against blindness to volunteer their aid in doing so. If there are any, let them write to him forthwith and place their services at his disposal. We are sure that they will be welcomed.

## CONSERVATIVE SURGERY ILLUSTRATED.

BY GEO. COVERT, M.D.

LAST June a man about forty-five years of age, wishing to bury a boulder beyond the reach of the plough, dug a pit in which to bury it. In the act of prizing the rock from its resting place into the pit, he missed his balance and went in ahead of the rock. That followed, pinioned him there, crushing his leg midway between knee and ankle. It required the united efforts of several men added to the exertions of a Sampson (that being his name) to liberate him from the pit which he had digged.

He escaped with a badly wrecked limb. There was a compound comminuted fracture, the muscles were severely crushed and torn. My first impression when called to the injured man was that amputation was imperative. Second thoughts suggested that an amputated limb could in no wise be restored to any usefulness, while amputation might safely be deferred until conservative measures had proven inoperative. Accordingly I pressed the limb into the best shape possible, sewed up the jagged wounds and placed it upon a double inclined plane, having previously so bandaged it that the wounds might be inspected and dressed without disturbance to the limb. For the comfort of the patient I improvised a swing for the limb, with a rope from it, running through a pulley on the ceiling to the hand of the patient, who could thus change his position at will. The injury was kept wet with my favourite antiseptic lotion, viz :

R.	Carbolic Acid.....	3ij	
	Chloride of Sodium. ....	3ss	
	Tinc. Arnica. ....	O. j.	Mix.

The flesh wounds healed kindly without any suppuration. The crushed tissue became dessicated and in time exfoliated but without offensive odour at any time. In seven weeks I removed the splints. Union had taken place between the fractured bones; the provisional callous being prominent. The limb is somewhat flattened in appearance but he is walking upon it to-day, five months after the accident, with hardly any fault apparent in use. The happy result has justified the wisdom of the effort to save the limb. What seemed almost an impossibility for nature to accomplish, with slight assistance she skilfully performed. The rules of surgical authority have hitherto underrated the ability of nature to heal. But in our day we have learned that her power to heal is practically unlimited when the decomposition of the injured portions can be obviated. There may be nothing extraordinary to the conservative surgeons of to-day in this case or its treatment. But I wish to commend the antiseptic dressing which has served me so long and so well, to those especially who find thymol and other special antiseptic agents beyond their reach. The ingredients of this lotion are at the command of even the most remote country practitioner and leave him without excuse for allowing suppuration to follow an injury. I consider any physician criminally negligent who relies upon simple water dressings, or uses none at all, and allows sloughing and a stench to supervene.—*Chicago Medical Times*.

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## THE SANITARY INFLUENCE OF THE ELECTRIC LIGHT.

LORD THURLOW, in the course of a very interesting speech in the House of Lords, when moving the second reading of the Electric Lighting Act (1882) Amendment Bill, on the 1st ult., said that his object in doing so was "to come to the relief of an industry capable of rendering the most important services to civilisation. His own belief was that before many years they would find the Board of Trade prescribing electric lighting, on the score of health and safety, in all factories, schools, mines, theatres, churches and the like; that the gas companies in England would follow the example of the gas companies on the continent and in America—convert their plant and become purveyors of electricity; and, finally, that Registrars-General of the future would be able to trace to this cause increased immunity from consumption and other kindred diseases, which infallibly arose to a great extent from vitiation of the atmosphere now breathed.—*The Times*, March 2nd, 1887.

### NEW FORMULA FOR FEHLING'S SOLUTION.

THIS solution is in almost daily use by the pharmacists and in the hospitals. Various processes have been devised to overcome its proneness to decomposition, but with only partial success. It is now proposed by Mr. F. Cresswell, formerly of St. Bartholomew's Hospital, to leave out the tartrate of potash entirely, and to replace it by glycerine and caustic soda. His formula is as follows:—Sulphate of copper, 35 grammes; glycerine, 200 c.c.; water, 100 c.c. Dissolve, and add to a solution of caustic soda, 80 grammes soda to 400 c.c. of water, and boil for a quarter of an hour. Then dilute with water to one litre, and allow the solution to stand until it becomes clear. During the boiling there is a slight reduction of the copper salt, but this chemist prefers that effect to a gradual decrease of strength on keeping. The solution, once made clear and filtered, must be standardised in the usual way, and perhaps it may be necessary to dilute it somewhat more. Anyhow, Mr. Cresswell tells us that the test solution so prepared has been kept by him for no less than five years without undergoing any decomposition whatever. Diabetic urine can, it is said, be tested by this solution with greater security than with that made by the old formula.—*Monthly Journal of Pharmacy.*

### LONDON HOMŒOPATHIC HOSPITAL.

THE vigour which is thrown into the efforts made to keep up the resources of this Institution are beyond all praise. We learn that a concert in aid of the funds is to be held at Grosvenor House—the Duke of Westminster's—on the 28th of May, at 4 o'clock in the afternoon, under very distinguished patronage. The musical arrangements will be under the direction of Signor G. Adelman and Mr. Wilhelm Ganz, who will be aided by some eminent performers, whose services are offered gratuitously. Tickets for the reserved seats are one guinea each, or six for five pounds. Other seats are half-a-guinea each.

From the promises of musical support which have been received, the concert is certain to be one of exceptional interest, and it will, we trust, prove of great pecuniary advantage to the hospital.

Notwithstanding the assiduous care of the Board of Management, the work of the hospital has been so considerable during the past year, that it is feared that the annual receipts will fall somewhat short of the expenditure. To prevent anything of the kind, several special donations have recently been received. A friend of Dr. Moir's has contributed £75; Mrs. Russell Gurney, £25; and Miss J.



Durning-Smith, whose liberality to the hospital is well known, has just sent £105 as an annual payment for the endowment of three more "Durning Beds."

The institution of a "Jubilee Bed" is also talked of. For this purpose about £1,000 would be required. To raise this sum a lady, who is prepared to help, has proposed that 200 subscriptions of £5 each should be raised. We trust that this suggestion will be freely responded to by those who have derived advantage, either in their own persons or families, from homœopathy. If only a small proportion of those who are thus situated, and have the means at their command, would do so, we should have a ward full of Jubilee Beds. A better or more benevolent way of signalling the great event of the year could not be adopted.

The Board of Management have just received the legacy of £1,000, bequeathed to the hospital by the late Mr. P. W. G. Bentinck, formerly M.P. for West Norfolk. Mr. Bentinck has by his will benefited in a similar manner nine other London hospitals.

Another legacy of £50 has also been received from the estate of the late Reverend John James, of Lydney.

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### HOMŒOPATHS VICTORIOUS.

We have no sympathy with practitioners who dub themselves homœopaths, hydropaths, or what not; but we cannot disguise the fact that owing to the indiscreet, though well-meaning, conduct of part of the staff of the Margaret Street Infirmary for Consumption, they have scored a victory. The gentlemen in question resigned on failing to compel the dismissal of several members of the staff who were "avowed homœopaths." However that may be, it is clear that to call in the assistance of the lay governors to decide a matter of purely professional interest, viz.: the mode of treatment, is to establish a bad precedent and one which might be dearly expiated. If non-medical governors are asked to condemn homœopathic treatment, they may one day take it into their heads, unasked, to criticise some other -pathy, and such a state of things would obviously be inadmissible. Individual liberty in matters of treatment is too precious to be sacrificed even for the sake of immolating this or that unorthodox practitioner, and here as elsewhere principle must pass before mere expediency. Everybody is at liberty to decline to be connected in any way, even nominally, with professional heathens, but the objection should not be based on differences of treatment or opinion. Our cry should be *Vive la Liberté* before we say "Down with the Homœopaths."—*Hospital Gazette and Students' Journal*, March 26th.

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**EASTBOURNE HOMŒOPATHIC DISPENSARY.**

THE report for 1886 shows 2,776 attendances during the year, being 261 in excess of the previous year.

Dr. Walther and Dr. Alexander H. Croucher.

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**THE GREAT PHYSICIANS AND THE APOTHECARY.**

A STORY WITH A MORAL ABOUT CONSULTANTS.\*

ONCE upon a time a certain apothecary was called to attend a man who was sick of the fever and lay grievously ill and like to die. Now it came to pass that the friends of this man, who loved and cherished him, were much desirous of having the benefit of an older and more experienced physician, who should say whether or no this man could be so treated as to recover, inasmuch as his apothecary thought him like to die. So this great physician came, and behold he talked learnedly and doctorally with the man's friends, and said,—“Lo, this man is sore ill, and I fear me for him, but verily I will do all I can for him, and watch over him.”

So this physician and this apothecary visited this man twice in the day, yea, and even oftener. But the apothecary waxed wroth, and said unto himself, “Lo, I have called upon this physician and he came, but now he goeth not away.”

So he consulted with the man's friends, and they agreed that another great physician should be summoned to the sick man's bedside, albeit the apothecary, who was a cunning man, thought by this means to get rid of the first physician, whose company he loved not. But, behold how a man may be deceived. This second great physician did even as the first, and now the two physicians and the apothecary waited on the sick man in the forenoon and again in the evening.

And now the apothecary was sore vexed, and he cursed the day on which he was born, and he said in the bitterness of his heart, “I will arise and call on the very prince of physicians, for he is so great that he will surely send the other physicians away, and leave me with the patient, whom I am no longer able to advise; and in this wise, I shall not lose my patient, neither shall I be sore angered as heretofore.”

So he went thither and called him, and the prince of physicians came in a chariot drawn by two fiery steeds, and he pleased unto the friends of the sick man, and they said, “Verily we are pleased with this great physician;” and they told the apothecary, “Behold, now that this great physician comes, so

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\* Founded on an actual occurrence in recent London practice.

have we no more need that you should quit your other sick people to see this man ; so, prithee, return unto thy house lest you be wanted elsewhere."

So this poor apothecary went his way—not rejoicing—and he told his wretched plight unto sundry of his brother apothecaries, who loved not the action of these physicians, albeit great men of their day, and there was much bad language said on that day.—*Hospital Gazette and Students' Journal*.

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## CORRESPONDENCE.

### NOISES IN THE EARS.

*To the Editors of the Monthly Homoeopathic Review.*

GENTLEMEN,—It would be useless to prolong this discussion, the more so as Dr. Proctor seems to wholly misunderstand my meaning and refuses to answer my simple question :—Why, if sensations of sound rise in the brain itself without any vibrations whatever falling on the labyrinth, the same may not rise in the knee or any other part of the body ?

Dr. Proctor's contention that the auditory nerve may be the seat of " morbid irritation giving rise to subjective sensations of sound," is certainly beyond controversy ; the only question is whether the irritation he speaks of is a pure disease of nerve structure, or involves other structures from which noises take origin. This I commend to his careful consideration ; and in the meantime advise him to look up the arguments I have adduced in my treatise on *Vascular Deafness*.

Most truly yours,

ROBT. T. COOPER.

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*To the Editors of "The Monthly Homoeopathic Review."*

GENTLEMEN,—Allow me to correct a couple of printer's errors that appear in my last letter to Dr. Cooper. The first is " baneful impressions," for which read " painful." The second is the introduction of the word " all " where no word is wanted in the final sentence of my letter. As it is, I am made to say that irritations of the auditory nerve " may originate all impressions of sound," which is contrary to my meaning and opposed to the line of argument, which is, that under normal conditions the auditory nerve simply conveys impressions to the brain from the outer world, but that under special and abnormal states it has the power of originating subjective sensations on its own account.—Yours, &c.,

March 11th, 1887.

J. PROCTOR.

## NOTICES TO CORRESPONDENTS.

\* \* We cannot undertake to return rejected manuscripts.

We are requested to state that Dr. Collins has removed from Leamington to Malvern, where he succeeds to the practice of Dr. Fernie. His address is Ardencaple, Tibberton Road.

Communications, &c., have been received from Dr. DUDGEON, Dr. ROTH, Dr. CARFRAE, Dr. J. G. BLACKLEY, Dr. COOPER, Dr. ROBERTSON DAY, and Mr. CROSS (London); Dr. HAYWARD and Dr. ELLIS (Liverpool); Mr. KNOX SHAW (St. Leonards); Dr. PROCTOR (Birkenhead); Dr. HALE (Brighton); Mr. W. T. KIENER (Chicago), &c.

Reviews of *The Medical Annual* and *How to Preserve Eyesight*, together with Dispensary Reports from Bournemouth and Torquay, are in type, but unavoidably withdrawn until next month.

## BOOKS RECEIVED.

*Orificial Surgery and its Application to the Treatment of Chronic Diseases.* By E. H. Pratt, Am. M.D., &c. Chicago.

*Boston University School of Medicine: What it is Doing and What it Needs.* Boston.

*Monographia Syphilitica.* Lilly & Co., Indianapolis.

*Directory of Homœopathic Physicians of New England.* O. Clapp and Son. Boston.

*Taking Cold: The Cause of Half our Diseases.* Seventh edition. By J. W. Hayward, M.D. London: Gould & Son. 1887.

*Students.* By Edmund A. Cook, L.R.C.P., L.R.C.S., &c. Part I. London: The Homœopathic Publishing Company, Warwick Lane, E.C. 1887.

*Post-Graduate Education.* An Address by Professor Ludlam, M.D.

*The Homœopathic World.* London. March.

*The Hospital Gazette.* London. March.

*The Monthly Magazine of Pharmacy.* Burgoyne & Co., London. March.

*Medical Counselor.* January. Ann Arbor.

*Homœopathic Journal of Obstetrics.* New York. March.

*Catalogue of Morbific Products, &c.* By Samuel Swan, M.D. New York.

*The North American Journal of Homœopathy.* New York. March.

*The New York Medical Times.* March.

*The American Homœopathist.* New York. February.

*The Chironian.* New York. February.

*The N. E. Medical Gazette.* Boston. March.

*The Hahnemannian Monthly.* Philadelphia. February.

*The Medical Era.* Chicago. February.

*The Medical Advance.* Ann Arbor, Mich. March.

*The St. Louis Periscope.* December, 1886.

*Bibliothèque Homœopathique.* Paris. January.

*Allg. Homœop. Zeitung.* Leipsic. March.

*Rivista Omiopatica.* Rome. February.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PHYSIOLOGICAL EFFECTS OF ARTIFICIAL SLEEP WITH SOME NOTES ON TREATMENT BY SUGGESTION.\*

By M. ROTH, M.D.

ARTIFICIAL sleep was induced by Mesmer and his followers, who believed that by “passes” or movements of the hands from above downwards, a magnetic fluid passed from the body of the mesmeriser to that of the patient. The idea of such magnetic fluid passing was first denied by Faria, a Portuguese Indian priest, and in 1843 by James Braid, a Manchester surgeon, who showed that fixing the eyes on a bright object held before and a little above them induced hypnotism. These experiments have since been widely studied and of late years chiefly by Charcot and his pupils; one of whom, Dr. P. Richer, has published the results of Charcot’s enquiries. Professor Heidenhein of Breslau, who witnessed the experiments of Hansen, has also carefully investigated the subject, and added fresh observations. Lately, Dr. Bremaud, a French naval surgeon, has, in addition to the stages of hypnotism, lethargy, catalepsy and somnambulism, described one he has

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\* Read before the British Homœopathic Society, April 6th, 1887.

observed, in men only, as "fascination." Lièbrault, who made use of suggestions as a therapeutic agent twenty-five years ago, says that 90 per cent. of healthy persons are susceptible to this influence. Dr. Bottey found 30 per cent. of healthy women to be susceptible. Okorowitz observed that those who were easily affected by a mineral magnet were also susceptible to hypnotism. This has not been verified by other observers.

There are various methods of inducing hypnotism. The eyes are fixed on some bright object in front and a little above the level of the eyes. Fatigue induces a slight convergent squint. The eyelids are closed by the operator making slight pressure upon them, and by placing the palm of the hand upon the forehead the lids continue closed. Silence, the full consent and absolute tranquility of the patient are indispensable conditions for success. If, on a first experiment, hypnotism is not induced in from three to twenty minutes, the experiment must be relinquished and repeated on a future opportunity. When once it has been induced it will be brought on rapidly in future experiments.

Professor Bernheim lays great stress on the importance of gaining the full confidence of the patient, convincing him of the entire harmlessness of the process, and giving some explanation of what will occur before commencing an experiment. While the patient is gazing fixedly at him he endeavours to concentrate all his attention on the idea that he is going to sleep. "I then say," he continues, "your eyelids are closing; you cannot open them. Your arms and legs seem heavy. You cannot smell anything. Your hands are immovable. You cannot see. You are going to sleep. I then add, in a somewhat imperative manner: Sleep! Often that one word is sufficient; the eyelids close, the patient is asleep." In cases where patients are not very tractable, when they do not think of going to sleep, and the eyelids do not close, the Professor, after looking fixedly at his patient for two or three minutes, closes the eyelids, and keeps them closed, and then addresses the patient, concluding with the command: "Sleep!" This, he says, "I call sleep by suggestion. It is the image of sleep that I insinuate on the brain."

Children, when once they understand what is said to them, are easily hypnotised, as indeed are some adults,

simply closing the eyelids, keeping them closed, and uttering the command "Sleep" being sufficient.

In obstinate cases, Professor Bernheim keeps the eyes closed, insists strongly on silence and immovability, and constantly assures the patients that they feel numb, listless, that the extremities are stiff, that they are asleep, &c. After frequent repetition of these assertions, the eyelids remaining closed, the fingers are withdrawn, he lifts the arms and they remain extended; this is cataleptic sleep.

With some, success is more completely obtained by persuasion; others must be addressed sharply in order to prevent resistance. After one or more sittings, patients are generally easily hypnotised. In many it is enough to place the fingers before the eyes and say "Sleep." When the tendency to be hypnotised is strongly developed, the suggestion can be conveyed by correspondence, it being sufficient simply to assure such that they will sleep as soon as they have read the letter. M. Liègois has succeeded in conveying the suggestion to sleep by telephone, all that is necessary being to convey the suggestion to the mind by some means or other.

Hypnotism presents itself under three stages. 1st. *Lethargy*, a condition of deep drowsiness, with loss of the use of the senses. 2nd. *Catalepsy*, a state of automatic muscular rigidity. 3rd. *Somnambulism*, a loss of conscious cerebral activity, with exaggerated certain cerebral functions. 4th. *Fascination*, observed by Dr. Bremaud. Twenty-five per cent. of healthy hypnotised persons pass through all these stages. In a larger number only lethargy and somnambulism are observed. In a third proportion only somnambulism occurs.

**LETHARGY.** This state can be produced by either of the methods already described. After catalepsy by closing the eyelids or blowing gently on the eyes. After somnambulism by friction with one or two fingers on the top of the head, by closing the eyelids and pressing gently on the eyeballs, or by gently blowing on the eyelids.

During lethargy, a person is in a complete state of languor; the head is inclined to one side; the extremities are relaxed; eyelids tremble; eyeballs turned upwards; the patient snores; the skin is insensible to any stimuli; anæsthesia is constant; the special senses are perfectly



dormant ; some have observed acceleration of the heart's action ; Bottey did not, but a slightly flushed face and epistaxis ; pressure roughly applied to the muscles, as by kneading, causes their immediate contraction. This property corresponds to Charcot's neuro-muscular hyper-excitability. Thus when the brachial muscles are kneaded, the forearm becomes bent and remains so. To release the forearm it is necessary to apply similar pressure to the antagonistic muscles. Contraction thus excited can be transferred by placing a mineral magnet near the limb of the opposite side. Brissot and Richer have proved that no such contractions will take place in a limb kneaded while in a state of bloodlessness through the application of Esmarch's bandage, but they occur directly the bandage is removed. Charcot and Richer have repeated this experiment, and have shown that this dormant mechanical excitement of a muscle can be transferred. Having produced anæmia in the right arm by Esmarch's bandage during the lethargic state, and excited the cubital nerve without producing any contraction, they placed a magnet near the left arm, and at once the latent contraction of the right arm appeared in the left. In persons who are readily placed in a cataleptic state superficial excitement of the skin will produce similar contractions. In some rare cases of artificial catalepsy contraction of one side of the body can be induced by blowing strongly into one ear or tickling one nostril. The application of a galvanic current to one half of the head produces certain movements in the limb of the opposite side (Erb).

By gently raising the eyelids and blowing on the eyeballs the state of lethargy comes to an end. The transition from hypnotism to the waking state is sudden, sometimes there is a slight twitching of the eyelids for a few seconds and the subject rubs his eyes before he is quite conscious that he is awake. No mental anxiety or heaviness of the head is felt on awakening.

CATALEPSY occurs early in hypnotism, and passes into lethargy when the hypnotising process has been continued too long. When induced by fixing the eyes steadily on any object, the moment when the eye appears fixed and the conjunctiva injected, the object must be removed. If catalepsy has been induced by pressure on the head, the hand must be removed the instant catalepsy is

developed. If the pressure is continued lethargy takes place.

A more or less intense sound or light, such as lightning, induces catalepsy. In highly sensitive persons, who have been the subjects of repeated experiments, a very slight excitement as, *e.g.*, a light, the noise of two glass tumblers striking each other, or the sudden fall of some object will induce catalepsy. If these causes were more intense lethargy would ensue, showing that the two stages are produced by simply varying the intensity of the exciting cause. Lethargy, again, can be converted into catalepsy by opening one or both eyes of the subject in a well-lighted place.

In catalepsy the subject is suddenly fixed in one position; the eyes are fixed, pupils dilated, cornea insensible, eyelids open and twitching, no reflex action can be excited in them; the skin is insensible to pain; the special senses are to a certain extent impressionable, and conversation is possible; the limbs, though supple, will retain, for a longer or shorter period, positions contrary to the laws of gravity; the muscular sense is so far exaggerated that its contractile power increases in proportion to the resistance it has to overcome. Thus the body remains rigid when the back of the head is placed on one chair and the feet on another. Contractions induced during lethargy will continue during catalepsy. Contractions are excited by superficial rubbing of the skin. The so-called passes of mesmerism act in a similar way, viz., by superficially exciting the skin.

Catalepsy can also be induced on one side of the body while the other is in a state of lethargy by opening one eye of the subject. The opening of the right eye induces catalepsy of the left side of the body. On the cataleptic side the limbs are rigid, while on the lethargic they remain relaxed.

The following experiment illustrates this point. Place some crochet work in the hands of a person in an artificial cataleptic state, and the work goes on as if she were awake. Close the left eye. Now the corresponding arm begins to move slowly, and finally sinks down inertly, while the right arm continues the necessary movements.

The magnet placed a few centimetres from a lethargic

arm, the other being cataleptic, renders the lethargic arm cataleptic, and that which was cataleptic lethargic.

Catalepsy ceases as soon as the eyes are strongly blown upon, and the subject on awakening has no recollection of what has occurred during sleep. When, as in some cases, blowing on the eye fails to arouse, the catalepsy must be converted into lethargy or into somnambulism. Catalepsy can be changed into somnambulism by blowing gently on the eyes, closing the eyelids, or by pressure on the vertex. When catalepsy is primary these methods generally induce lethargy, when it is secondary somnambulism with closed eyes, or, more rarely, somnambulism with open eyes.

*Suggestions during catalepsy.*

By a suggestion during catalepsy is understood an impression made on the brain of an hypnotised subject by commands, assertions or declarations. Suggestions made during the waking state are the result of an idea taken up by the subject or proposed by another person.

During the cataleptic state the attitude in which the subject is placed is reflected on his countenance; it appears to suggest to the brain the sentiment it represents. If the hand is placed near the mouth, as though a kiss were to be despatched, the subject smiles. If the body is placed in an attitude of fear, the same feeling is expressed by the face. In some rare cases the expression the face is made to assume is reflected in the attitude of the body. If the zygomatic muscles are excited by electricity, the person seems to laugh and the attitude of the body at once corresponds. In Duchenne's work, in the plates representing the various feelings excited by electricity, the position of the body will be observed to correspond to the expression of the face.

During catalepsy, if an object is kept swinging before the eyes they lose their fixity and follow its movements. A floating object will, in this way, convey the illusion of a bird flying and excite a smile, and the hypnotised will sometimes try to catch it. If creeping movements are made disgust is felt and expressed by the countenance, as though a serpent were moving before the subject. As soon as the external influence ceases, he relapses into the rigid condition and the eyes are again fixed.

When the limbs of the cataleptic are set moving in a rhythmical manner, as when "beating time," as soon as the assistance rendered in making them is removed the motions continue automatically until a hand is rapidly moved before the eyes, when they cease. Whatever the operator does is automatically imitated by the hypnotised cataleptic, even to the extent of repeating the words of a foreign language in the way he hears it, and with much precision, if the language is known to him.

Memory also acts automatically. Thus, if an object is placed in the cataleptic's hand, he will make such use of it as he is accustomed to do. If, for example, a tumbler is given to him he will appear to drink. A spontaneous suggestion is caused in the brain by the appearance of a familiar object.

The senses being preserved, the experimenter is able to put himself in communication with the subject by speaking to him in a more or less loud voice; and will receive answers. Illusions, suggestions of various hallucinations, paralysis, contractions, &c., can then be excited. Some suggestions may be made which will be operative after the hypnotic state has passed off.

Somnambulism is of two kinds, one when the eyes are closed and the other when they are open. The means of producing lethargy primarily can also cause somnambulism with closed eyes. In cataleptic subjects somnambulism is more frequently observed as a primary state than lethargy. Somnambulism with closed eyes is produced after catalepsy by closing the eyelids, by gently blowing on the eyeballs, or by rubbing the head, and it follows more frequently if the catalepsy is secondary. It follows after lethargy by rubbing the vertex, and sometimes by blowing strongly on the eyes. It very much resembles lethargy.

During *somnambulism with closed eyes* the subject seems inert, is insensible to external objects, the head is inclined to one shoulder, the limbs are not so completely relaxed as in lethargy; the inertia is more apparent than real, as directly the somnambulist is questioned he answers, and will do whatever he is told; the eyelids quiver more or less; anæsthesia of the skin is generally complete, though it will vary in degree in the same subject at different *séances*. In some instances hyper-

æsthesia has been noticed. Azan reports a case where a lady felt a certain amount of heat when the naked hand was placed at a distance of 40 centimetres from the back. More or less hyperæsthesia is generally observable in sight and hearing. Though there be but a scarcely perceptible opening between the eyelids, an object placed before the eyes is recognised. The acute-ness of vision in somnambulism has been tested by preparing a number of little squares of white paper, each containing a scarcely visible mark, and still it has been detected (Berger, of Breslau). Bottey quotes a case of hysterical blindness, in which sight was completely recovered during a state of spontaneous somnambulism.

Equally acute is the sense of hearing, of which many illustrations have been given by Bremaud, Berger and Ladame. At the same time, it is quite easy to produce false impressions on the sight and hearing by suggestion. The dynamometer indicates a very considerable increase of force in the somnambulist.

Intellectual hyper-excitation is also remarked during somnambulism. Bremaud mentions the case of a pupil at the Lyceum who, during a state of somnambulism, solved quickly and accurately a difficult trigonometrical problem, which gave him much trouble when in his normal state. Many similar cases are recorded by different authors. Neuro-muscular hyper-excitability is constant. Order a person to throw a stone, the arm is raised and remains fixed in the attitude of doing so. Superficial excitation of the skin always produces contractions in persons brought into a state of catalepsy, when hypnotised. Of the events immediately preceding hypnotism all remembrance is generally, but not always, destroyed, while the memory retains whatever occurs during hypnotism. Braid mentions the case of a woman who, during somnambulism, recited passages of Hebrew and other languages, of which she was quite ignorant when awake. On enquiry it transpired that when a young girl she had heard a clergyman, in whose house she resided, read those passages aloud. Richer quotes the case of a somnambulist who sang an air from *L'Africaine* which she had heard only once and was unable to sing when awake. Dr. Pope, when a student at the University of Edinburgh, heard a man sing a Gaelic song while

lying on the operating table, under the influence of chloroform. After the operation, a Highland student went to him and addressed him in Gaelic. He could not understand a word, and said that he had entirely forgotten the language, never having spoken it for forty years. Bottey read some paragraphs from a book two or three times to a person and afterwards hypnotised her. He then told her to repeat what he had read, and she did so almost verbatim, but when awake could not recall a word of either. Many similar experiments are on record.

This excitation of the memory occurs in various pathological and physiological states of the brain. Drowning persons, when death seemed imminent, have seen as it were the actions of their whole lives pass before them. *Opium, haschish, chloroform* cause a similar hyper-activity of the brain. I attended a lady in a state of spontaneous somnambulism, who, at a later stage, when the attacks of catalepsy and somnambulism returned periodically, used to give an account of many of the events occurring when she was four years of age, of which she had no recollection when awake.

During the state of somnambulism, all suggestions made to the subject will be acted upon. He is incapable of resisting them. Sometimes they exhibit an unnatural degree of strength, and it becomes necessary to rub the vertex in order to change his somnambulism into lethargy. All power of spontaneous action or exercise of the will is destroyed; if left to himself he falls into a state of inertia until aroused by being spoken to.

Somnambulism with the eyes closed ceases either by the induction of the waking state or by its change into the hypnotic state. Awakening occurs spontaneously, but this is not advisable. Bottey saw one person awake after a sleep of seven and another of twenty-two hours. In some very rare cases, awakening takes place after the upper eyelids have been raised; but a suggestion or blowing on the eyelids is the most frequent mode of awakening. Such blowing must be gentle and continued for some time, or it simply changes the condition into one of lethargy or of somnambulism with the eyes open.

*Somnambulism with the eyes open* is never a primary state. Most frequently it is secondary to somnambulism with the eyes closed, the mere raising of the eyelids being sufficient to produce it. It is not a little remark-

able that the somnambulist is unable, even by the influence of a suggestion, to open his eyes himself. During catalepsy rubbing the vertex will cause somnambulism with the eyes open.

While in this condition, the eyes are widely open, the eyelids throb, the eyeballs are not fixed as in catalepsy, but have a haggard appearance. In some persons the countenance is unchanged. Anæsthesia of the skin is constant. The senses are hyper-æsthetic. Neuromuscular hyper-excitability is always present. Contractions also take place from irritation of the skin in cataleptisable persons. During this state there is no knowledge of locality, but great illusions as to place, one seems to think himself in a well lighted room, another in a forest, another on the banks of a river and so on. There is a certain unconscious activity, and incessant desire to move; if left to himself he rises, walks, uses his senses and sometimes offers a degree of resistance to the will of the operator. Suggestions of any kind can be made effectively to those who are amenable to hallucinations and illusions.

The following illustration is given by Bottey:—

M. G. and A. L. were hypnotised and left to themselves when in the stage of somnambulism with the eyes open. M. G. at once imagined herself in the parterre of a garden, and exclaimed, "Oh! what pretty flowers." She stooped as if to gather them. A. L. walked about believing that she was in the mud, and raised the skirt of her dress to avoid its being soiled by it. After a while the two walked together to the bank of a rivulet, when one imagined she saw a snake and wanted to run from it, while the other stepped forward and, although trembling, acted as though trying to kill the reptile. Finally they sat down on the bank and one of them took a foot-bath. At that moment one of the persons who assisted at this little scene stepped forward to speak to them. A. L. immediately had the illusion that a gend'arme was approaching, who told her that they were trespassing, and threatened them with a *procès verbal*. Quite alarmed, she became pale, and both ran away and tried to hide in the corner of the room. Dr. Bottey now interfered, and suggested that he was the proprietor of the estate, and assuring them that they had no cause for fear invited them to take some refreshment; having taken numerous



imaginary liquors they laid down in a hammock and fell into a lethargic state, from which they were awakened by blowing in the eyes.

Somnambulism with the eyes open ceases by returning to the waking state on the same conditions as that with the eyes closed. Closing the eyelids converts it into somnambulism with eyes closed. Prolonged closure of the eyelids, with slight pressure, produces lethargy, as also in some instances does intense blowing upon the eyes or rubbing the vertex.

Suggestions made by any person present at a *séance* are effectual. The somnambulist is perfectly automatic, and acts entirely in accordance with the various excitations to which his brain is exposed. Any object can be made the cause of an illusion. Tell a person that those around him are trees, and he will make climbing movements; tell him that a small piece of stick is a cigarette, and he will want to smoke; tell him that some ammonia you offer to him is a perfume, and, notwithstanding the hyperæsthesia of the senses, this even will for the moment be destroyed by the force of the suggestion. So also with the sense of taste. Sugar will be bitter or a bitter substance sweet, according to the suggestion made. Different hallucinations can be produced on each side of the body. One eye will see a flower and the other a bird; one nostril will smell a rose, while the other receives the odour of asafoetida. The two sides of the brain thus receiving at the same time absolutely opposite impressions, according to the suggestions made. By placing a prism before one eye, or pressing the external part of the eyeball, the double illusion vanishes. Blindness, dumbness, deafness can be produced in the hypnotised person by assuring him that he can neither see, speak, nor hear. Similarly the sensation of the skin can be altered; the muscles of the extremities can be influenced in any direction. Without speaking, a limb set to certain motions will continue in them automatically.

Suggestion can be varied in every possible way, and will give rise to corresponding agreeable or disagreeable sensations and attitudes. Professor Heidenheim, of Breslau, gives some very striking illustrations of the power of suggestions. All who have been present at the public performances of the so-called electro-biologists

and mesmerists will remember that the somnambulists were unable at the given suggestion to pronounce their own names, or certain letters, or to do the slightest things for themselves as long as the corresponding suggestion was not interrupted by another, or until they were awakened. On the suggestion to awaken being given in a tone of command, the subject rubs his eyes, blinks for a few seconds, and looks around in surprise.

If, during somnambulism, an order is given to do a certain thing at a date some time after awakening, it will be done, and that without the subject knowing or understanding why he is impelled to do it. Hallucination can be suggested that will come into operation after a longer or shorter period of time. Bottey suggested to a person that he should in a week's time ask him for the flower he had in his button-hole, and this was punctually done—the interval being a week.

This manifestation of the suggestion occurs either from its having been dormant in the brain cells and awakened at the fixed time, or it operates as a "possession" tormenting the person until the moment arrives when its fulfilment is due.

It sometimes happens that when a suggestion of a character naturally repulsive to the hypnotised subject is made great reluctance to act upon it is shown. A young nurse during the hypnotic state was ordered to take a fancy to the attendant of a dissecting room. When she awoke she began to cry and refused to give the cause of her grief. On being very much pressed she said that she was, by some irresistible impulse, compelled to like the attendant although she felt that he was both dirty and disgusting. She was then thrown into the hypnotic state, and the suggestion negatived in order to counteract this abnormal impulse.

*Fascination* is a phase of hypnotism described by Dr. Bremaud as having been observed by him in men. It was produced by fixing the eyes on a brilliant point of average intensity. During this stage the temperature and pulse rise; the pupils are dilated; analgesia is present; muscles rubbed by the operator contract violently; there is an irresistible impulse to follow the brilliant point on which the eyes are fixed; the will is paralysed; illusions and hallucinations arise; and an

instructive imitation of movements, gestures, attitudes, physiognomy and words is developed.

Dr. Bremaud gives an illustration of this stage, of which the following is an abstract:—

A. Z., æt 23, is a dark, sanguine, vigorous man. I looked at him, and directed him to look at me with as fixed an eye as he could. The effect was rapid. His face was congested, eyes widely opened, pupils dilated, pulse 120. When I back, Mr. Z. follows me. In walking the head projects forward, the shoulders are raised, the arms hang down. In running the arms remain immovable. All expression disappears from his countenance, not a muscle of the face moves, not a word is uttered. He seems unable to desist from staring at my eyes. Question him, he does not reply; insult him, not a muscle of the face moves; strike him, and he feels nothing; neither pinching nor tickling are felt. He is nevertheless perfectly conscious, and on returning to the waking state will recount all that has been said and done. Blowing on the eyes at once removes the fascination, and the subject immediately resumes his natural appearance. In another case the subject imitated everything done by the operator, laughing, jumping, grimacing, or speaking. When the influence was removed he did not remember anything that had passed. Recollection of what has been said and done is removed by the prolongation of an experiment.

Fascination is changed into catalepsy by directing the fascinated one to look steadily at a brilliant light, such as a lighted gaselier. The pupil remains dilated, but the face becomes pale and bloodless, and the limbs, though relaxed, remain in any position in which they are placed.

Bremaud believes that his failure to produce this stage in women is due to their great nervous impressionability rendering them unable to fix their eyes sufficiently steadily in the beginning, from which they fall into catalepsy.\*

I now propose to consider the application of artificial sleep as a therapeutic measure.

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\* These remarks on Fascination are from Bottey, who copied them from Bremaud's paper, *Des différentes Phases d'hypnotisme et en particulier de l'état de Fascination*.—*Bull. de la Soc. Historique*, 1884.

Before I was acquainted with the progress recently made in this subject, I had frequently relieved pain, spasms, hysterical and other nervous attacks by making longitudinal passes in a centrifugal direction, and by placing the hand or a part of it on the painful spot. That hysterical attacks can be checked by pressure on one or both ovaries is well known. In the case of spontaneous somnambulism to which I have referred, I adopted her own suggestion for the purpose of relieving her attacks. A kind word, a gentle and kindly admonition frequently acts as a suggestion.

Dr. Liébrault, of Nancy, in a study on zoo-magnetism, states that M. Longpretz, a mesmerist, of Liège, who had assisted him, was firmly convinced that power was transmitted from one person to another. This conviction was produced by his being able to cure infants through applying one hand to the painful or diseased part and the other on the opposite side of the body during ten minutes twice a day for a few days. Dr. Liébrault was reminded by this incident of having, many years previously, observed similar experiments by Dupotet. He tried the experiment himself and succeeded in 45 cases, of which 30 were under three years and 30 of this age and over.

Dr. Liébrault's observations are especially worthy of consideration as he has devoted many years to the study of Mesmerism and Braidism, and like many others has denied the transmissibility of power by touch, his experiments have, however, convinced him that both suggestion and touch are curative agencies.

Surgical operations have been repeatedly performed painlessly on persons in an artificial sleep. Lafontaine records two cases of parturition gone through painlessly in the hypnotic state.

Braid advocated the use of hypnotism in a variety of nervous disorders such as neuralgia, chorea, sleeplessness, &c. And his views have been confirmed by many physicians.

In the mental diseases of melancholics, monomaniacs, and others, suggestions produce changes by substituting for erroneous fixed ideas such as are rational.

Even in cases where a fixed erroneous idea has taken possession of a weak mind, repeated assurances to the contrary have been the means of an effectual cure. A

case of paralysis, induced by fear of not being able to walk, in a person whose brain was weakened by work and worry, cured in this way, is recorded by Russell Reynolds.

My brother, the late Dr. Roth, of Paris, in his treatise *L'Histoire de la Folie Musculaire*, which gained the prize of the French Academy of Medicine, has described the various forms of epidemic chorea among persons making pilgrimages to religious shrines. Some of the victims kept turning round, others running to and fro and making every variety of abnormal movement.

Many of the marvellous cures reported to have occurred at Lourdes and similar shrines are due to excitement, blind faith and the journey; while these as well as the so-called "faith cures" are influenced by suggestion just in the same manner as suggestions operate in the hypnotic state.

Bread pills and coloured water are but suggestions, and when given to hypochondriacs are as efficient as when suggestions of a more direct kind are made to an ordinary patient who is hypnotised.

Cures in some cases can be effected by inducing, during hypnotism, an hallucination that the patient is another person.

In the wards of Professor Bernheim of Nancy was a hysterical woman, devoid of sensation on one side and subject to convulsions. She was capricious and obstinate, refused her soup, which she declared to be nasty, and which she was sure she would vomit. Ordinary influences having failed, the professor placed her in a state of somnambulism and suggested that she should eat. This failed, and he resolved to change her personality. "What is your name?" he said, "Mary M." was the reply. "You are mistaken, you are not Mary M., you are Josephine Durand, the aunt of Mary M." he rejoined. She allowed that she was the aunt; then said the professor "Now give your niece, who is here, a lesson, show her how to eat her meal, tell her that she is to be good and to do as you wish." The patient, in her hallucination, said her niece spoke to her, scolded her, then encouraged her to eat her food, and showed her how to do so by taking it herself and saying "That it was excellent." On awakening the patient could not believe that she had taken and retained the soup.

Several similar experiments have been made with the same patient and always successfully.

Dr. Voisin of Salpêtrière cured a case of hallucination and mania by making the patient fall into a prolonged deep hypnotic sleep, and suggesting the time for awakening. The same physician has, by making suggestions during hypnotism, altered the character. He thinks that great moral good may be accomplished in this way; and the same idea was broached by Dr. Philipps, (Durand de Gros) in 1855.

Repugnance to the use of tobacco and alcohol has been induced by suggestions made during hypnotism. This leads me to notice the importance of the medico-legal aspect of hypnotism. Suggestions to commit a crime might be made during the hypnotic state, and the crime be committed practically in a state of unconsciousness. This is a matter worthy of most serious consideration.

M. Berillon has shown, through hypnotism, the functional independence of the two hemispheres of the brain, proving that the psychical, motor and sensory activity of one hemisphere could be suppressed, or that a different degree of activity could be given to each.

Bottey was present when Dr. Luys placed a woman named Valentine in a cataleptic state, and the automatism of imitation was shown on one side, while on the other an unconscious condition was induced. Approaching the left ear with the question "What is your name?" she repeated immediately with a short voice, "What is your name?" But the question being put on the right side, she replied at once, "Valentine." A scratch on one side of the face made her look angry—made on the opposite side, she laughed and looked merry.

M. Beaumis has observed that a post-hypnotic suggestion has been carried out 172 days after it was made. The same observer has modified the rhythm of the heart by suggestion, diminishing its pulsations from 98 to 92, and then increasing them to 111 and 115.

Professors Bourru and Burrot have produced epistaxis at a given time by suggestion (made during somnambulism) to the effect that it would then occur.

Stigmata on the skin have been occasioned in the same way (Bottey, from *Progrès Médicale*, 1885).

Professor Bernheim (*Progrès Médicale*, 1885) reports

the cure of three cases of writer's cramp by suggestion during hypnotism.

Dr. Mabile has relieved and cured protracted sleeplessness by suggesting sleep.

At the Medico-Physiological Society of Paris, last November, Dr. A. Voisin, of the Salpêtrière, related the details of three cases of amenorrhœa, of from three to six months' duration. Each patient was placed in a state of somnambulism, and during this condition it was suggested to them that the period should commence at a certain hour, and in each it did so punctually. In two instances neuralgia was associated with the uterine fault, and this too was cured.

Dr. Voisin said that he restricted himself simply to the detail of facts, leaving the explanation to future physiological enquiry, adding that previous observations by Lièbrault, Beaumis, Focachon, Dumontpallier, Bourru, Bourrot and Mabile had proved the possible influence of hypnotic suggestions on the vaso-motor system.

These various instances of the therapeutic use of suggestions, made during the hypnotic state, will, I trust, be sufficient to excite your interest in this subject, and induce you to study some of the many works regarding it which have lately appeared. By so doing you will be able to cure many neuro-pathic and other disorders which you probably now find difficulty in dealing with successfully.

#### DISCUSSION.

Dr. HUGHES, who occupied the chair, said he was sure they were all very grateful to Dr. Roth for the pains he had taken to bring before them the great body of information contained in his paper. It was quite characteristic of his indomitable energy to sacrifice the *otium cum dignitate* of the presidential chair by not confining himself to the annual address, but to favour them with a paper on a subject both novel in that society and interesting. He had not, however, sacrificed the dignity while giving up the ease. Dr. Hughes then invited the members to follow up the paper by a discussion.

Mr. DEANE BUTCHER, who was called upon by the President, said he had nothing very original to communicate. His experience had been chiefly confined to experiments of the well-known character called "willing," which he had practised with a view to determine whether there was a transference of will from the experimenter to the subject without



*contact*, and apart from the ordinary medium of the senses. The subjects were chiefly infants, children and young people. The experiments consisted in placing a series of ten cards on a table, and mentally dictating to the subject which one of the series he should pick out. No previous preparation, mesmerism or passes were required. The failures, of course, were very numerous, but it was not at all uncommon for a child to pick out the right card three or four times in succession. On the other hand, if there was a failure it was useless to proceed with the experiment on that occasion. Excitable children—and more especially those who were often “going off” into a staring, dreamy condition—were the best subjects. He had not himself been able to mesmerise in any case, unless the patient were depressed by illness. Under the stimulus of necessity and urgent danger he was frequently able to produce sleep by ordinary monotonous mesmeric passes, and that frequently without the knowledge or consent of the patient. He illustrated the case of a relative with a great horror of mesmerism, in whom he had induced sleep by ordinary mesmeric passes in a darkened room without the knowledge of the patient. In this case the question of “suggestion” did not arise. Any monotonous impression on the nerves would in certain cases induce sleep. He had seen cases of auto-mesmerism—the patient fixing his attention on a bright object in front of and above the eyes. Of such nature was the ordinary staring, lost, stupid condition that children were apt to fall into—the power of the child’s will seemed in abeyance for the time being. The practice of mesmerism for amusement was not without its drawbacks and dangers. In Calcutta a case had come under his notice where a gentleman had mesmerised a lady, with the result of leaving her in a state of permanent fascination. He had also seen cases of prolonged hysteria after willing experiments, especially in students from Oxford, where at one time it was very fashionable. He hoped the card experiments would be repeated by a large number of observers, and the question of thought transference put on a numerical basis.

Dr. DUDGEON said that no doubt most people of his age were familiar with the experiments of this kind, now so frequent in Germany and France. Forty years ago Dr. Elliotson’s experiments aroused the strong antipathy of the medical profession, who set their faces against mesmerism altogether. Now, however, the subject having been taken up by great men, like Charcot, is being accepted with enthusiasm by the medical profession. Of course they think it quite different from electro-biology, as it used to be called, and make mysterious references to the vaso-motor nervous centre; so

that now, hashed up with scientific jargon, it is being accepted. The same thing is being done with it as has been done with other sciences, such as hydropathy and homœopathy. Forty years ago we were quacks and charlatans, but recently our remedies have been largely adopted by the old school, not on our recommendation, but on that of certain physicists who pretend to have discovered their virtues by some experiments on the lower animals, chiefly frogs. Presently, no doubt, homœopathy will be acknowledged as the truth in medicine when recommended to the profession by a sufficient quantity of scientific jargon. In the modern experiments of suggestion there is very little that is novel, though much that is interesting. They are chiefly valuable as showing the attitude of the medical profession. Still we may expect to find some good practical results. We are all familiar with the popular pastime some years ago of influencing a person coming into the room to propose some particular act by the combined but unexpressed will of several of the company, and there is no doubt that in many cases the person actually obeyed the influence. What the explanation is we do not know, but it seems certain that the will of one person can influence another; and the many illustrations which Dr. Roth had given must make us very grateful to him for the trouble he had taken in preparing his paper.

Dr. HUGHES said that long before Hawthorne, Alexandre Dumas (the elder) had, in his "Memoirs of a Physician," made large use of the phenomena of mesmerism. Dr. Roth had appropriately brought the subject before this society by first giving "provings" of the energy in question upon the healthy. Knowing thus its physiological effects, we could either induce them (as in the cases of amenorrhœa cited) to obtain certain indirect results; or we could apply them homœopathically. To the former proceeding there was this difficulty, that the "contingency" present also in drug-action was here greatly exaggerated, only a comparatively small percentage of persons being susceptible to mesmeric influence. He had yet to hear of anything like Dr. Esdaile's operations being performed upon Europeans; and thought it would prove here as with *cannabis indica*, which could induce catalepsy in Oriental subjects only. But a graver objection remained behind. Mesmerism confessedly had this peculiar feature, that its effects could not be induced against the will of the subject; while, on the other hand, if he submitted to its influence, he thereby came under the control of the operator, and abdicated his moral responsibility—not only when hypnotised, but, as we have lately learned, for an indefinite time thereafter; so that under the suggestions then

made, he might poison, rob, or do any other criminal deed. The well-known "sleeping man," Chauffat, when in his somnolent state was told to write (*crivez*) the name of Dr. Charcot, his Parisian physician. He did so, in his own handwriting. The order was then given—"signez"—whereupon he showed painful hesitation, but ultimately traced a good imitation of Dr. Charcot's signature, becoming a forger against his will. This therefore was an agent of far-reaching effects, and it was a serious question whether they should favour the use of it. Dr. Roth had related some cases of amenorrhœa, in which suggestion had brought on natural results with ease and safety. But he could not help thinking that if he were a young woman he would rather remain amenorrhœic all his life than adopt a remedy which so put him under the power of its administrator. It was another question whether, when a person was already in an abnormal mental condition, the influence might not be valuable as a means analogous to homœopathy. But in any case the moral considerations were very serious and ought not to be lost sight of.

## AGAIN THE PRESENTATION OF THE MATERIA MEDICA.

BY DR. DRYSDALE.

THE critical remarks on the *Cyclopædia of Drug Pathogenesis*, more especially those at the Homœopathic Convention of 1886, and the letters of Dr. Proctor and Dr. Hughes, the latter of whom invites further discussion, encourage me to pursue the subject in the hope that by continued discussion a plan may be discovered whereon a *Materia Medica* which satisfies the wants of the practitioner as well as of the abstract drug-pathologist may be constructed. As Dr. Proctor says,\* let us see where we stand now. All agree that the practitioner requires, 1st, a thorough presentation of the trustworthy pathogenetic effects in the form of narratives of the provings, poisonings and experiments; 2nd, a pathological commentary on these; 3rd, a mode of arrangement by index or schema by which the individual symptoms composing the above pathogenetic effects can be rapidly and easily found; 4th, a commentary showing the curative sphere to be deduced with the aid of the homœopathic law from

\* *Monthly Homœopathic Review*, 1st Nov., 1886, p. 681.

the pathogenesis ; 5th, clinical confirmation of the same and also empirical cures ; and lastly, in application to all these categories, exhaustive completeness so that we may be assured that we have under our hand all the knowledge worth having of each drug existing up to the day, and have no need to refer to any other source whatever. To this Dr. Proctor objects as "a scheme of ideal completeness under present circumstances utterly unattainable. Every ten years the work would require re-writing in order to keep abreast of therapeutics, and before the top stone could be added the foundation of the building would be crumbling away." This is not the language of the man of science nor the worker, though it may express the feelings of the arm-chair critic. Let us rather listen to Sharpey when he pronounces "No branch of knowledge can be said to be complete," as he proceeds to expound the cell-theory in Quain's *Anatomy* in 1868, when the foundations of it were already crumbling. And were Dr. Proctor's principle acted on, no compendium or text book or *Encyclopædia* would ever be written or published. In our own *Materia Medica*, Allen's *Encyclopædia* was not finished before a supplement was required on account of the accumulation of new material. Also the fact that the very existence of the *Cyclopædia of Drug Pathogenesis* implies the need of a total re-writing of Allen, ought to serve us as a warning against embarking on, or persevering in, an incomplete plan ; and not as an argument for pitching our requirements low. Professor Imbert-Gourbeyre, moreover, who gave fifteen years to the study of the pathogenesis of *arsenic*, greatly admires the *Cyclopædia of Drug Pathogenesis* for its aiming at completeness. Nevertheless, he says : "This physiology (i.e., of drug-action) is as yet only in its infancy ; we do not know a single medicament exhaustively ; hardly 50 approximately."\* Here, then, is a boundless field for change and supercession of any work done. Are we therefore to sit idle with folded hands ? On the contrary, let us turn a deaf ear to the pessimist with his counsels of despair. The Hahnemann Publishing Society has not failed to complete one volume of *Materia Medica* from its aiming at too high an ideal, but simply because the homœopathic body in England is too small to furnish

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\* *Trans. Internat. Hom. Conception*, 1886, p. 113.

enough of workers even to translate and arrange all the Austrian provings, far less to re-arrange the whole *Materia Medica*. But now with the vast increase of numbers of our American brethren surely enough of workers will be found if the joint American and English Committee of the *Cyclopædia* agree upon a plan which will satisfy the wants of the practitioner as well as the student of abstract drug-pathogenesis. With respect to requirement No. 1, of the presentation of the pathogenic effects in the form of narratives of the provings, poisonings and experiments, there will be now universal agreement, at least with the proposition in its general form. Since the publication of the truly epoch-making Austrian *Journal of Homœopathy*, in the years preceding 1850, by Drs. Watzke and his coadjutors, those of us who were connected with the Hahnemann Publishing Society have never entertained a doubt that the day of the Hahnemannian schema, as the sole form of presentation of a pathogenesis, was over for ever. This opinion has, however, only slowly made its way, and for many years new medicines have continued to appear in that form in America and other countries; but of late the appearance of the *Cyclopædia of Drug Pathogenesis* may be taken as evidence that all English-speaking homœopaths are of one mind on the subject. This general consensus has been powerfully aided by the paper in the International of 1886, in which Dr. Hughes sets forth, with his usual felicity, the arguments against the schema. In this formidable indictment he urges that, for studying the nature of the action of any drug, the schematic arrangement is the worst that can be conceived; it is uninteresting because unintelligible, and takes no hold on the memory because it forges no links of association. No other body of knowledge has ever been presented in this form, and the teachers are compelled to convey a knowledge of it by more or less theoretical commentaries. It has deprived Hahnemann of his glory as a great experimenter in the eyes of the profession at large, and has been the most potent agent in hindering conversions to homœopathy; but more than that, it leads us away from the true homœopathic simile, and encourages symptom-covering and the merely empirical practices both of the specifiers on the one hand and the ultra-Hahnemannians on the other. The breaking up the groups must

infallibly lead us to confound idiopathic with sympathetic symptoms, and thus fail to find the true simile; or even worse, to make up groups abstractly to correspond with the case in hand from the single symptoms in the schema, although there is no information to lead us to suppose that they ever were so combined in the prover. Of all these Dr. Hughes gives examples, and I entirely agree with him in his strictures upon them. Thus far we shall all agree now, I apprehend, viz., that in all cases whenever the proving consists of groups of simultaneous symptoms, or a narrative or succession of symptoms, no splitting up of such groups into schema form for easy reference shall in future be permissible, but an index in some form be added for that purpose. If these were the only forms in which the materials occurred there would be little difficulty, and any simple arrangement of the groups, even the alphabetical one of the names of the reporters, would suffice, and then the question of the index could at once be considered, viz., whether it should be at the end of each volume or of each medicine. But alas for the exuberance and infinite variety of detail in nature, which mocks at the little plans of compendium- and system-makers! As long as we have to deal with narratives of poisonings which are concerned chiefly with the absolute effects of drugs and have a palpable beginning, middle and end, and, in short, a complete history; which depend on a single dose, i.e., an exciting cause acting at a single point of time, then we have little difficulty in seeing the propriety of keeping the whole symptoms together in their natural connection. Nor even in arranging such groups of symptoms, for almost any arrangement will do if the same be always adhered to; and all we have next to do is to decide on the best form of index which shall render the individual symptoms composing such groups easily accessible to the practitioner. And as the existence of these large groups forms the difficulty of the form of the index we may as well finish the question of the consideration of that here. Dr. Proctor is not happy in his remark that a schema cannot serve the purpose of an index and *vice versa* an index cannot possibly take the place of a schema; for the cutting up of pathogenetic groups into single symptoms and arranging them in a certain definite order always the



same throughout the *Materia Medica* does fulfil the purpose of an index and enables us to find any symptom immediately; while on the other hand, adding an index to the undivided symptom groups serves the same purpose. The real question which we are now invited to discuss is as to the best form of index, or whether there is any form of index which will make the cyclopædia-groups as easy to consult for individual symptoms as the old Hahnemannian schema. Now, by this last all that is necessary in order to find at once any individual symptom is simply to have the medicine named in a general index or repertory, because each schema is already so arranged that the place of any symptom can be found at once. When such is the case we do not require separate indexes to each volume or to each medicine. But when the proving comes to consist of large groups of symptoms, wholly or even in part—thus if it merely contains large groups, such as Dr. Hughes' specimen schema of *belladonna*—then the reference in the index must contain not only the name of the medicine but also the number of the group, and if that is large, the number of the line and probably also the page of the volume. This would be altogether too cumbrous for adoption into a general repertory or index of any kind for the whole *Materia Medica*, and much more so for one which gives so much information as the Cypher Repertory. Therefore there would need to be such an index to each volume of the *Pathog. Cycl.* This would entail much additional labour and expense in the preparation once for all, and a perpetual additional labour on the part of the practitioner in using the work. To be referred in a general repertory or index to a second index, and from that to a medicine for the details and surroundings of every symptom in the case we are treating, entails an amount of time and trouble that few practitioners will willingly encounter, and therefore the temptation would be great to shirk the minute adaptation which true homœopathic treatment requires, and fall back on specificism and Ringerism, which it is the ostensible purpose of the *Cyclopædia of Drug Pathogenesis* to supersede. I therefore would recommend the index to be adapted to each medicine, as is done in the *Mat. Med., Physiological and Applied*. By this means each medicine will be complete in itself as to the power of finding any symptom at a minute's notice,



and we shall require no intermediate index between it and the general repertory of the whole *Materia Medica*. Nor need we fear that we shall thereby be multiplying the bulk and expense by the number of separate medicines in each volume, for the difficulty and trouble of index making hardly begin till we make one of thirty or forty medicines or upwards in the same index. And if we adopt the plan of arranging the groups in Hahnemannian schema order, very little index making will be required for many medicines to make them accessible. What index we make should, I think, be in the arranged form of the *Cypher Repertory* without the cypher, as is given in the *Mat. Med. Phy. and Applied* in *crotalus* and *kali-bichromicum*, and not a mere verbal alphabetical index. Here I must notice Dr. Hughes' suggestion in his letter at p. 771 of the *M. Hom. Rev.* of December, 1886: "The first step towards index making would be that a competent person should go through a copy of the *Cyclopædia*, pen in hand, and should underline in each pathogenesis those symptoms to which reference may be made." That is to say, which are sufficiently important and trustworthy, and of which "it is reasonably certain that they are direct effects of the drug," and therefore worthy to be put in the index. I read this suggestion with amazement, and can only account for its appearance on the supposition that it is merely a first thought put down in haste, and that it will be withdrawn on reflection. Why, the sifting out of the trivial and false symptoms, and the assignment of their place in value to the real symptoms, has been the grand desideratum of our school for two generations, and it has been sought after by the old-fashioned scientific methods of reproof and careful study of each medicine, and the other modes indicated by Dr. Dake to be presently alluded to in making a new schema. Nevertheless, we are recommended simply to get a "competent person," who will sit down pen in hand, and jauntily knock off the whole thing in an evening or two! I am afraid the "competent person" does not exist out of the realms of Utopia. The index, therefore, must perforce comprise all the symptoms admitted into the narrative groups; and as regards those of the proving diaries, in which some sifting and arrangement is permissible and necessary, then the index can be best made by the person who

studies and re-arranges the materials. This therefore is an additional reason for having the index incorporated with each medicine as above recommended.

To return to the proving diaries, or large groups of symptoms given in the *Cyclopædia* as the result of repeated small doses which form the real difficulty of presentation of the *Materia Medica*; for we are all agreed on the propriety of keeping the symptoms of truly narrative groups together. The first question that arises is, are these proving diaries really composed of symptoms which have a definite order of succession and inter-dependence, so that in respect to any symptom hitherto only known as standing alone in the Hahnemannic schema, a reference to its place in the original proving diary will at once clear up its nature or even throw any important amount of light on its connection, and the morbid state, as a whole, of which it forms a part? The reading and study of a vast number of such diaries has driven me to the conclusion that the answer must be in the negative with respect to a great number of symptoms. Of these we learn nothing by reference to the original proving diary except the bare fact of their occurrence on a certain day, without any indication of regularity as to which day or week they came on in, or any other symptoms with which they were associated. The fact is, as the proving symptoms were mostly from doses too small to excite the absolute symptoms and functional disturbance to be followed by palpable secondary symptoms, they may be considered chiefly to belong to the contingent class, and the order and place of their occurrence to be determined more by the specific susceptibility of the individual provers than by the characteristic powers of the drug itself. Also there was no sufficient uniformity or regularity in the association of symptoms to show they were really inter-dependent. A large number of them may therefore be considered idiopathic or independent symptoms, that is to say, symptoms which may appear alone, the prover being otherwise, apparently, in perfect health. Such symptoms are exceedingly valuable in homœopathic practice and in fact they resemble what we meet with in clinical experience where we often find one or two apparently unconnected symptoms as mere fragments of known diseases, and the covering of these symptoms gives often

more success than directing our whole attention to the cardinal and pathognomic symptoms. Now there can be no objection to arranging these independent symptoms solely in the schema form. In fact, what else can you do with them? For if they were the only symptoms elicited are they not in reality whole provings—the whole case, as it were, for the time being—and must therefore be entered separately? For the same reason that it is wrong to disjoin groups of symptoms really inter-dependent in the diaries, it must be equally wrong to force others into unnatural combinations. The presentation of a *Materia Medica Pura* must therefore consist of a number of groups, large or small, even down to one symptom that occurred at the time to the provers; and when there is only one symptom there can surely be no question that it must be registered as such in the schema, as was done by Hahnemann. These independent symptoms will, I think, account for a large part of small dose symptoms in the proving diaries. Next, as regards the primary and secondary symptoms which generally arise from somewhat larger doses, which cause an exultation or depression of functions, followed as usual by an opposite state, the whole group both of primary and secondary states must of course on no account be separated in the group which, however, may be sifted out of the diary and arranged in its proper place in the schema. Then as to symptoms whose value lies in their succession, otherwise than primary and secondary, such as those designed provings of this kind by Dr. Woodward, and the accidental provings by contaminated drinking water or by vapours, such as *arsenic*, *lead*, *phosphorus*, *bisulphide of carbon*, &c., where the doses are repeated continuously and certain symptoms arise at the beginning, middle or later stages. Here, of course, such groups as are positively observed or elicited by study are to be kept together in groups, however large, and may also be arranged as such in the Hahnemannian schema order. In this manner I have endeavoured to go through and sift out the proving diaries of *kali bichromicum*, and I am now inclined to think that I have not sufficiently divided them into independent groups or single symptoms. I am also dissatisfied with the groups formed by combining the symptoms of each prover in one group, which symptoms were only known in the first edition in schema-form, the proving diary

having been destroyed. Dr. Hughes is also, I imagine, not satisfied with those groups similarly found in the *Cyclopædia*, e.g., *berberis*; at least, I find we have gained little or nothing by seeing the symptoms printed together. When the proving diaries have been sifted in the above ways it is possible that very little will remain; and it is probable that such was the case with Hahnemann in his earlier provings, except what was given in the notes and general introduction, therefore there was no need of publishing the actual diaries. We do not agree to that now, and I, for one, maintain that the proving diaries must always be published in full somewhere to be accessible for reference, but that they need not be reprinted in the text books of *Materia Medica* for the practitioner. For the latter, if necessary, any residuum of symptoms still deemed trustworthy and important, they may be given as they stand and referred to in the index.

Any way, whether Hahnemann was right or wrong in destroying the proving diaries, there can be no question that we are bound to present his original splendid provings in the first six volumes of his *Materia Medica* to practitioners, and therefore can adopt no form which will not allow that. This almost shuts us up to the schema form, however we may supplement that.

It thus appears that I am in favour of retaining the schema in the text book for the practitioner, and I am glad to see that Dr. J. P. Dake expresses the same opinion in his recent excellent book, *Therapeutic Methods*. At page 156, after excellent rules for proving medicines and for keeping the day-books, he says: "In addition to the full narratives [which must be printed *in extenso*] of the individual provers, and for more ready reference, and as sufficient for the generality of cases met with in practice, drug symptoms should be arranged and published in a schematic form after the manner first proposed by Hahnemann. . . . Such a digest and arrangement would comprise the most uniform and certain of drug effects, and form a work not so unwieldy and difficult of reference as that composed of the complete day books." Dr. Dake proposes that the comparative value of the symptoms should be indicated by the percentage of frequency with which they occur in the provers, and that symptoms of only one prover be omitted. Then in the arrangement we should give "a condensed narrative,

showing the inception and progress of the drug affection, the points of first attack, the line of march involving one tissue or organ or system of the body after another, and so its full development in the previously healthy organism. This narrative must be based on the several narratives furnished in the day books, and comprise symptoms reported by not less than one third of all the provers engaged. The symptoms, objective and subjective, arranged according to the regions and organs of the body, beginning with the head and ending with the extremities, as especially mapped out on the topographical chart in use by the provers. Clinical verifications and therapeutic suggestions may be placed in footnotes."

From these it appears that although all the day books are to be printed, they are not to be admitted into the arrangement placed in the hands of the practitioner. This agrees with the opinion I have frequently expressed. Likewise the directions for the digest and schema substantially agree with the pathogenetic commentary, therapeutic application and clinical experience of the *Mat. Med. Phys. and Applied*. In some points, however, especially when he speaks of a nosological index at p. 158, his meaning is not clear to me, nor is it quite obvious how he would carry out in detail the plan of making the digest; it is therefore extremely desirable that he should publish a specimen of his method in the complete arrangement of one medicine of which we have all the data, viz., Hahnemann's schema, re-proving with full day books, poisonings and clinical allopathic and homœopathic experience, as is done with *aconite* in the *Mat. Med. Phys. and Applied*.

It is also to be desired that Dr. Woodward should give his method a similar test of complete exposition.

With respect to the printing of the proving diaries, Dr. Dake is hardly explicit enough, for subsequently at p. 165 he says: "In chronic cases, especially where important symptoms appear, for which none similar are mentioned in the digest or manuals, refer to the day books of the provers." But we already understood him to say that a digest only was to form the text book of *Materia Medica* in the hands of the practitioner, so the reference here must be understood to be to these diaries printed in various periodicals or transactions, and which may or may not be in the practitioner's library, but

which it will cost far too much time to consult in the exigencies of practice. So I think that all the symptoms the arranger of any medicines thinks at all of value should be given somewhere in the text book, while the remainder, though not before the practitioner daily, are not lost, but still accessible on the occasion of revisal, when fresh experiences may show them to be valuable and worthy of a place in the text book.

We now come to the practical bearing of the above considerations on the *Cyclopædia of Drug Pathogenesis*, which is now advanced in its second volume, and therefore may be judged on all points. We must all acknowledge that it has fulfilled the objects of the editors and committee. It has given us a revised and purified edition of the data on which our *Materia Medica* is founded, as far as possible without actual reproving of each medicine. It has restored the narratives of poisonings and provings to their natural state, and thereby given us the basis of fact on which alone all true pathological knowledge of the drugs can be founded. Therefore, if continued in its present form it will still be the most important contribution to the advance of homœopathy and practical medicine of this decade, though it can scarcely be said to consist of more than the materials for the study of the medicines, and for the reasons above given can hardly be applied directly to practice, and certainly cannot form a text book for the practitioner.

Nor is it complete as a work on the abstract pathology or pathogenetic actions of drugs, as it wants a pathological commentary to each medicine. It is not even complete according to its title, for the pathogenesies of Hahnemann's *Materia Medica Pura*, which are still by far the most valuable of our materials for practice, are omitted on the plea that the recent translation or the original are, or ought to be, in the hands of everyone. In consequence, the student for the study of all the Hahnemannian medicines must each time consult two books instead of one.

It has been proposed to make this work accessible to the practitioner by adding an index, and otherwise going on with it as it is; but it must be obvious from the foregoing pages that that would be quite insufficient, and the question now arises, can the whole conditions needful for the practitioner, given on our first page,



not be at once complied with without damaging the character of the work as a complete exposition of the pure pathogenic effects of drugs on the healthy body?

There can be no doubt that Hahnemann was right and in accordance with the fundamental principles of true science when he refused to admit into the pure *Materia Medica* anything but the observed facts of a drug's action on the healthy body, and rejected all speculative inferences from physiological theories and therapeutic experience. Great harm and confusion have certainly been wrought by theorists in our school, who have in this matter refused to be guided by Hahnemann, and admitted all the symptoms of cured cases into the *Materia Medica* on the assumption that as no cure is possible, except homœopathically, the drug must be capable of producing those symptoms on the healthy body, otherwise it could not have cured them. It is needless to go into a demonstration of the fallacy of this principle, suffice it to say that all the men of real science in our school have rejected it, and decided to admit nothing into the pure symptoms except what has been actually observed on the healthy. Allen has rigidly followed this, as do also the editors of the *Cyclopædia*, and I should be the last to counsel the smallest tampering with the purity of the text by admitting anything but symptoms actually observed on the healthy body. But does this properly preclude our adding anything useful to the practitioner derived from *usus in morbis* or speculative commentary, if carefully kept separate from the pure symptoms? I think not, and that it would simply be pedantry to forego these helps to the practitioner on the plea of scientific purity. As a matter of fact, Hahnemann himself ultimately was constrained to add a section containing the results of clinical experience, and all through his *Materia Medica* in his best days there are valuable notes and introductory remarks which correspond to our pathogenic and therapeutic commentary, all being of course carefully distinguished from the pure symptoms. Therefore I can see no objection to continuing the *Cyclopædia of Drug Pathogenesis* with the same scrupulous care as to the purity and completeness of the text of the pathogenic symptoms, but at the same time with such supplementary matter and such, it may be slight,



change in the arrangement of the text as will make the work fit to satisfy the wants of the practitioner. For, however we all rejoice in the progress of the book as a great step in science, yet we are obliged to confess it is rather a storehouse of materials which may ultimately benefit the practitioner, while it can seldom be resorted to directly in the exigencies of practice, and is therefore left on the shelf. The reasons for this will come out in detail when we recapitulate, as I now propose to do, the changes needful for making it the text book of the practitioner.

After we have secured a complete and pure text with any pathological commentary, it is, in the first place, above all things necessary to be able to find in the shortest possible time any individual symptom in the text. This is essential for all true homœopathic treatment, for although it may be wrong to rely on the minute correspondences of one symptom, and we must always take into account the relations and general bearing of the symptoms as a whole, still these generalities can only be reached through the particular symptoms composing them, and besides when there is such a general correspondence displayed between the disease and several medicines the differential diagnosis often turns on the minute correspondence of single symptoms. Whoever neglects the daily frequent reference to the individual symptoms in the *Materia Medica* is in the fair way to become, if he is not already, a slipshod and routinist practitioner. Hahnemann inculcated, and to the last practised, constant reference to the pure symptoms. Now the *Cyclopædia* can hardly be used except for systematic study of each medicine as a whole, and the practitioner must trust to what remains in his memory of the general knowledge so acquired. A ready means of finding individual symptoms is thus a *sine quâ non*. As above said, I consider the best way to supply this is by a combination of schematic arrangement of groups of, or single symptoms, and an actual index to each medicine.

In the next place, what we require, after therapeutic and clinical commentaries are provided, is exhaustive completeness, so that the practitioner may be assured that he has under his hand in the text book all the information extant up to date bearing on all the above categories. It is all very well for the writer of a book, or

an essay, or a lecture, who can sit at leisure in a well-stocked library, with good references, and take his materials from the *Cyclopædia* on one hand, and a number of *Materia Medica*s magazine articles, clinical guides, &c., on the other, to be satisfied with information scattered through all those various sources. But what of the practitioner in the pressure and anxiety of attendance on one or more dangerous cases, where the life of the patient and his own reputation hang on the differential diagnosis between two or three medicines? Surely, if he tries to make that from the pure symptoms, he will turn to the unexpurgated Allen rather than to the *Cyclopædia* without index, to be supplemented with a second work in Hahnemann's *Materia Medica*; and if he requires therapeutic and clinical guidance he will turn from Allen to some of the numerous pocket and imperfect clinical guides, or be satisfied with Noack and Trink's *Handbook*, now above 40 years old, in default of a complete text-book, which should at once furnish both kinds of information.

It may be said that this degree of completeness must involve a great increase of the bulk of the book. This is quite true, but there is no help for it, the details of nature are infinite and in a specific system, where we must cope with the kaleidoscopic variety of the symptoms of actual disease by means of a similar variety of medicinal indications, the number of the latter must be very great. This difficulty has, however, been exaggerated.

For the above reasons I venture to make the proposal first to the editors and committee of the *Cyclopædia*, and then to our body at large, that, on the completion of the present volume, the plan of the work should be changed to the complete form above indicated. Surely these two volumes are a sufficient testimony and sacrifice in favour of abstract science as represented by purification of the text and protest against the sufficiency of the Hahnemannian schema, and it is time now to bring into the foreground the pressing wants of the practitioner. There is no need in beginning again at the letter A and doing over again those medicines so recently done, but let us leave the two first volumes as they are till the completion of the work, at which time no doubt a new edition will be called for, beginning with the two first volumes, which may be then assimilated to the changed plan. As above

said, the difficulties connected with this change of plan have been exaggerated, for if all the above categories are to be fully represented in each medicine people will call to mind the volume of *Materia Medica, Physiological and Applied*, and despair of seeing the completion of the work within their generation, both from its bulk and the difficulty of finding workers to finish it. But this is a mistaken calculation, for the medicines there represented are exceptional and probably not one in twenty will require anything like the space occupied by *aconite*, *crotalus*, or *kali bichromicum*. In fact a great many of our most useful medicines have a quite circumscribed sphere of action, and may be arranged so as to have the index function as well as the pathological and clinical commentary sufficiently represented in no greater bulk than is occupied in Noack and Trink's *Handbook*; and thus, in fact, require little more than the addition of pathological and clinical comments such as given by Noack and Trinks to the present form of the *Cyclopædia* in order to satisfy the practitioner. For in a short proving, say not exceeding two pages, if the narratives are arranged in Hahnemannic schema order, and the proving diaries sifted into groups which can be arranged in the same way, no farther index will be required, except perhaps the reference to a few symptoms in the commentaries. This comparatively small change I would not hesitate to ask our present indefatigable editor, Dr. Hughes, to make. It is otherwise, however, with the polychrests and more extensively proved medicines, and here further help is indispensable. So I would appeal to our whole body in America and here for workers to come forward at once and offer to work out the remaining medicines. Their place in the alphabet is fixed, and a tolerably accurate calculation can be made as to when they will be wanted. If a sufficient number of workers come forward soon there may be no delay, and the new and more complete work may come out as regularly as the *Cyclopædia* has done in the past. There is one important difference between joint work of this description and that of the *Hahnemann Society Materia Medica* and the *Mat. Med., Physiol. and Applied*, viz., there must be no independence in the order of arrangement. On the contrary, that must be rigidly uniform, and therefore all work must pass through the hands of

the editors before going to press. The editors, Dr. Dake and Dr. Hughes, must agree on a plan of the order of arrangement and see that all the medicines sent in rigidly conform to that. The worker who undertakes any large and important medicine, such as *pulsatilla* or *rhus* will have his name attached to the medicine and be responsible for the intimate details of re-arrangement, if any, of groups, of the index, and of commentaries, but the order in which these are ultimately given must be fixed and uniform, and the editors must see that that is conformed to; otherwise the use to the practitioner for rapid and easy reference will be seriously impeded or lost. I have already given my opinion that the Hahnemannian order should be preferred, for the simple and all sufficient reason that it is already known to all homœopaths, and is followed instinctively and automatically, so that no difficulty arises as to where we should look for the information we want. As an instance showing the necessity of editorial supervision to secure uniformity, I may notice that both such excellent workers in the field of Materia Medica as Dr. Dudgeon and Dr. Hughes have deviated from the Hahnemannian order of arrangement. In Dudgeon's *aconite* the symptoms of fever are brought into the schema after chest and heart, whereas Hahnemann places it near the end after "sleep." Now it is not necessary to argue for or against the superiority of Dudgeon's plan to Hahnemann's. Let us suppose it in most respects better; still as every one would look at once for fever at Hahnemann's place, and not finding it there would have his time and patience taxed in hunting for it, that is an all sufficient argument in favour of having it in a text book where Hahnemann placed it.

In conclusion, I beg again to urge on all the adherents of the homœopathic school of medicine the pressing necessity of preparing a text book of Materia Medica of the above complete character to be placed in the hands of practitioners, who are, after all, the immediate agents whereby any benefit to humanity conferred by the discovery of the homœopathic law is to reach the sufferers from disease. I hope the next Congress, which is to be held this year in Liverpool, will take up the subject again in continuation of what was said and done in the International Congress last year, and that a numerous body of workers, both from this Kingdom and the United

States of America, will enrol themselves as willing to complete the extended *Cyclopædia* under the present able editors.

## REVIEWS.

*The Medical Annual and Practitioners' Index: A Work of Reference for Medical Practitioners.* Edited by PERCY WILDE, M.D. 1887. Bristol: John Wright & Co., Stone Bridge; London: Hamilton, Adams & Co., Paternoster Row. Pp. 574.

WE briefly adverted in our last number to the appearance of the volume before us. On the present occasion we desire to draw attention more particularly to its contents.

This is the fourth year of *The Medical Annual*. The three preceding volumes appeared to us to be useful works of reference for medical men on a variety of topics, and such we have found them to be. The volume for the present year surpasses its predecessors both in interest and utility. The first four hundred pages are occupied with "A Dictionary of New Treatment in Medicine and Surgery, with which is incorporated a Retrospect of the Year's Work in Medicine, Surgery, and Therapeutics." Here, in the alphabetical order of the diseases, we have arranged the various facts which have been brought to light regarding them during the year, and the treatment of them which has been found most advantageous by contributors to the medical press. This latter is presented in an empirical form, on the authority of Dr. A. or Mr. B. No explanation is given of the reason why, *e.g.*, *phosphorus* is useful in pneumonia, save that Dr. Fleischmann, of Vienna, found it to be so in 377 cases. This is perhaps necessary at present, as the profession is not sufficiently educated to be able to appreciate scientific therapeutics.

The editor and his colleagues have brought together a very considerable mass of valuable therapeutic matter—matter which will be exceedingly useful to all medical men. With a large proportion of the indications for remedies, those members of the profession who understand and practise homœopathy are already familiar. Outside of drug-prescribing, however, these pages contain many hints of value, many recently made suggestions, which will prove useful in the treatment of disease, while great interest cannot fail to be excited by observing the rapid progress which is being made in the adoption of homœopathically indicated remedies by the profession at large.

We all know what an invaluable remedy *arsenic* is in Addison's disease, and how homœopathic it is to many of the

symptoms of that disorder. Here is what the editor says of it. "The symptoms of the disease bear, in many respects, a resemblance to the nerve depression and gastric irritation which accompanies chronic arsenical poisoning; thus in both we have the general debility and feebleness of the heart's action, and irritability of the stomach with tendency to vomiting. The skin symptoms have also a curious similarity. Dr. Cheadle has recently recorded four cases of arsenical poisoning in which burning of the skin occurred," a discolouration which Dr. Cheadle described as resembling that met with in the lighter staining of Addison's disease. After giving the details of these cases, the article concludes:—"The apparent connection between the drug and the disease is interesting and may be worth further investigation. (Since writing the above we notice that *arsenic* has been used by Dr. Wilkes. See *Lancet*, 1885, p. 654.)" *Pulsatilla* "is useful when the menses do not appear at puberty, although there is no *particular* morbid condition to account for their absence, and also in these cases when there is regularity in the period, but the discharge is deficient." Cases are recorded by several recent writers." Dr. Cooper is credited with introducing the *picrate of iron*. In ordinary cases of pernicious anæmia "*arsenic* and *phosphorus*," we are told, "are regarded as the best remedies." To prevent the tendency to attacks of angina pectoris "*arsenic* appears to be the best remedy." In acute nephritis, *aconite*, *cantharides* and *turpentine* appear to be the remedies now in vogue. Regarding the last, the editor says it is "described by Dr. Brunton simply as a diuretic, other writers have spoken of its value when the urine is scanty and *bloody*, but as in practice we find that in cases of acute nephritis following a chill, it not only increases the quantity of urine but also relieves all the concomitant condition, including the reduction of temperature, we must assign to it a specific relation to the disease. Its action appears to be that of a mild stimulant to the Malpighian bodies, by which their congestion is relieved." Of *sulphide of calcium*, that is to say *hepar sulphuris*, in carbuncles, the experience of Dr. James C. L. Carson is that "this medicine never fails to perform a cure, even in the oldest and most delicate people. Dose one-tenth grain every two hours." In cholera, *camphor*, *copper* and *veratrum* seem to be the favourite remedies with the medical profession of to-day; while "*arsenic* has also been recommended for the vomiting and collapse." One of Dr. Mortimer Granville's prescriptions for constipation, "when there is a deficiency of glandular secretion throughout the intestine," is *aluminis* ʒ iii., *tinct. quassia* ʒ j, *infusi quassia* ʒ viii—ʒ i to be taken after meals.



In infantile convulsions the editor has found a warm blanket-pack very effectual. A small cot blanket, moistened with hot water, is wrapped around the little patient, and over this a dry one.

*Sulphide of calcium* is now generally regarded as useful "when there is persistent catarrh of the larynx with hoarseness tending to the repetition of acute attacks."

The article on *Diet in Disease* by Dr. J. Milner Fothergill, is very excellent, and there are few practitioners who would not read this with advantage.

In diphtheria, "*phytolacca decandra* appears to have a greater specific relation to the disease than any other remedy. In true diphtheria it takes the place which the preparation of *mercury* holds in simple ulcerated sore throat. The writer gives five drops every two hours and uses no local application, but keeps the atmosphere of the room saturated with the vapour of *eucalyptus*. He feels sure that a trial of this method would prove its efficacy,"

In the early stages of acute dysentery, Dr. S. B. Childs, of Brooklyn, gives "*tincture of colocynth* in gtt.  $\frac{1}{80}$  doses alternately every half-hour with *corrosive sublimate* gr.  $\frac{1}{100}$ ."

There is an interesting abstract of a paper by Dr. Hochenbegg on gangrene, but it contains no fresh therapeutic suggestion. We looked it up to see if *secale cornutum* was mentioned, but Dr. Hochenbegg, like the boy who was asked an arithmetical question he couldn't answer, has "not got so far as that yet."

In gastric ulcer, "*arsenic*, when administered in small doses, meets very frequently both the local and the constitutional condition, and is found to be one of the most valuable remedies." "*Bichromate of potash* is another very useful remedy." In chronic diseases of the glands the *sulphide of calcium* "under the name of *hepar sulphuris*, has always been a favourite remedy with the homœopathic school, and lately its value has been very fully appreciated in general practice." In the night-sweats of phthisis "Dover's powder is spoken of by Dr. Wm. Murrell as one of the best remedies. Of course it must be given in minute doses." In pleurisy "more recently *aconite* has taken the place of the ordinary diaphoretic mixtures, and Drs. Phillips and Lauder Brunton recommend that it should be followed by *bryonia* (tinct.  $\mathfrak{m}$ . ij.-v.) There can be no doubt that *bryonia* has a specific action upon inflammation of serous membranes, and that effusion is very much less likely to occur when it is used in the early stage."

The *salicylic acid* craze, in the treatment of acute rheumatism, appears to be approaching its *finale* for we read—"How long the *salicylic salts* will maintain the lead among



the remedies used in acute rheumatism is rendered questionable by the tenour of recent communications to the medical press." Dr. Reid, *Edin. Med. Jour.*, thinks that *aconite* is usually given in too large doses in acute rheumatism, and recommends  $\frac{1}{2}$  m. doses every two hours. *Bryonia alba*. (tinct. m. ij.-v.) is recommended as the best remedy with which to follow *aconite*.

In scarlatina "it would appear that the balance of evidence is in favour of the use of *belladonna*, both as a specific remedy and as a prophylactic." Mr. Owen Prichard's recent article in *The Lancet* and Dr. Piffard are quoted as evidence.

In sprains, wrapping the affected parts in a hot solution (3i to 3vi) of *arnica*, and covering the affected parts with surgeon's sheeting and two folds of flannel to form a compress, is regarded as the best treatment. We have had considerable success in simply fomenting the injured part for some hours, and then strapping it tightly with adhesive plaster, and allowing the patient to use his limb as freely as circumstances admit of. The strapping is repeated as often as its yielding renders necessary.

*Nitro-glycerine* (i.e., *glonoin*) appears to have been very useful in sunstrokes in Egypt.

How far the experience of the profession during the past year, as represented by these extracts from the medical periodicals, is consistent with the idea which these periodicals perpetually give currency to, that homœopathy is "all humbug," we will leave our readers to divine for themselves. How much of this experience would ever have been recorded at all had it not been for the practice of homœopathy, would also be an interesting enquiry.

The remainder of the volume is occupied with information regarding hydropathic establishments, inebriates' homes, medical and scientific newspapers and periodicals, new inventions in surgical instruments, improvements in pharmacy, private asylums, &c.

*The Medical Annual*, we conclude, is a book of great value and interest to the busy practitioner, and one which once used he would not willingly be deprived of.

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*How to Preserve the Eyesight. Advice to Scientific Men, Barristers, Lawyers, Clergymen, Draughtsmen, Clerks, and all who write and work in a sitting position.* Compiled and translated from Dr. MAGNÉ'S *Hygiène de la Vue*. London: Baillière, Tindall & Cox.

THE pamphlet before us is the latest publication of the Society for the Prevention of Blindness. It is especially addressed to

those whose occupation involves a considerable amount of reading and writing, nevertheless it may be read with advantage by every one. It directs attention chiefly to the influence of air, railway travelling, temperature, diet, late hours, light and colour, duration of work, positions when working, and the importance of rest and sleep. "Every one," the writer remarks, "must be content with what the mind can accomplish without undue strain." This is an axiom as true as it is difficult in this age of severe competition to put into practice. It is indeed lamentable to think how much of the literary and scientific work of our time is the result of undue mental strain. Hence it is that the physician meets so often with cases of nervous disorder all due to excessive intellectual work.

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## MEETINGS.

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### BRITISH HOMŒOPATHIC SOCIETY. HAHNEMANN DINNER.

IN the Victoria Hall of the Criterion Restaurant, on the evening of the 13th ult., the President, with a large number of the Fellows and Members of the Society and their friends, assembled at dinner to commemorate the return of another anniversary of the birth of HAHNEMANN at Meissen, on the 10th of April, 1775.

The dinner was presided over by the President of the Society, Dr. ROTH, who was supported on his right by Major Vaughan Morgan and Dr. Dudgeon, and on his left by Mr. Hugh Cameron and Dr. Yeldham.

The musical arrangements of the evening were conducted most efficiently and satisfactorily by Mr. Mackway, the conductor of a well-known and highly accomplished glee club. At the conclusion of dinner, the grace sung by this club was, "For These and all Thy Mercies," from the *Laudi Spirituali*, 1545, and excellently was it rendered.

The PRESIDENT then proposed the health of Her Most Gracious Majesty the Queen and the members of the Royal Family. Having referred to her Majesty's admirable qualities, and the enthusiasm which the toast always evoked at an English dinner table, Dr. ROTH said this Jubilee year of Her Majesty's reign will be remembered by the future historian of homœopathy as having been especially marked by two events, first, the admission of avowed homœopaths as medical officers of a public hospital. The Governors of the Margaret Street Infirmary for Consumption had removed all doubt of the eligibility of such members of the profession to serve on their medical staff by the appointments made a few days ago.

And secondly by the holding of the first public meeting of the Homœopathic League. Having called upon the company to honour the toast, and this having been done, the National Anthem was sung, Master Evans singing solo.

The PRESIDENT next proposed the toast of the Army and Navy and Reserve Forces of the country, coupling it with the name of Major Vaughan Morgan, and in doing so referred to the eminent services Major Morgan had rendered to the propagation of homœopathy, a cause to which he had devoted money, time, and labour. The success which had followed his efforts had, he said, warranted him in describing him as a good general officer.

The song which followed was "Come if you dare" (H. Purcell, 1658-95). The solo was sung in a spirited manner by Mr. Richard Evans and the chorus was rendered in an equally effective style by the choir.

Major VAUGHAN MORGAN now responded to the toast, and commenced with the Navy, of which, knowing nothing, he was therefore able, he said, to speak fully and without prejudice. Whatever pessimists might say, there could be no doubt that the British Navy would ever, as always heretofore, give a good account of themselves in case of need. We were a seafaring people and took to the water as naturally as young ducks; and seniority and stupidity were not yet supreme in the naval service; it was otherwise in the Army, the material of which, thanks to the abolition of purchase and the introduction of short service, was infinitely better than of yore, the weak point being, that, although with purchase the system of advancement by seniority was abolished, it still practically existed and would some day produce a great catastrophe. The fact was that the head of the army, like the present head of the physicians, was too old to assimilate the new positions. The Volunteers were an admirable force, as he had witnessed on Easter Monday, when he could not help thinking that if their leaders had been of the same mind as those of the medical profession, the experiment of the cyclists would have been condemned as unorthodox. The speaker reserved his principal praise for the Militia, a force not sufficiently appreciated, but which had done good service in the past, as at Waterloo, where one-fourth of the combatants were militiamen, and in the Crimean war, when nearly all the forts were manned by that force. It was the original military force of the country, and although the fact was not generally known, the Ballot was still applicable to it in case of need, so that every one in that room under a certain age was liable to serve.

A serenade, "Slumber, Dearest," by Mendelssohn, was next sung by the choir and elicited much applause.

The PRESIDENT now proposed the toast of the evening, "The Memory of Hahnemann." In doing so he said: The chief reason of our meeting here to-day is to keep green the memory of Hahnemann—that great man and still greater benefactor of the whole human race. His merits as a linguist, as a student, as a chemist, as a hygienist, as a reformer, as an eminent physician and as the therapist who proclaimed the truth of *similia similibus curentur*, are so numerous and so great that it is beyond my power to do him that justice when speaking of him which he deserves. As a boy of twelve years of age his knowledge of Greek was so considerable and accurate that he was selected by the master of the school he was at to teach that language to the junior pupils. So extensive were his linguistic acquirements, that when he went to the University of Leipsic at the age of twenty he had acquired a thorough knowledge of eight languages, and by turning this knowledge to useful account he was able to support himself while studying at the University. Many a night did he spend in translating foreign books for the publishers. Later he translated the celebrated work of Professor Dèmarchy on the manufacture of chemical products, and his profound knowledge of the science of chemistry was shown by the important notes which he appended to his translation. His wine-test, as well as a preparation of *mercury* which he was the first to introduce—the *mercurius solubilis Hahnemanni*—are now, after a lapse of a hundred years, still made use of, and both still connected with his name. In one remarkable work his extensive researches are shown by the quotation of no less than eight hundred and sixty-one passages from three hundred and eighty nine volumes. In his own day he received the greatest praise for his literary and scientific work. He may also be regarded as the father of hygiene. In his day, this now recognised department of medicine attracted little or no attention, but his numerous essays and treatises upon it might even at the present day be studied with advantage by every student of medicine. It is also very striking to remember that he was one of the first to oppose the then common, indeed usual maltreatment of the insane, but he contended that a person who was not responsible was no proper subject for punishment. As a reformer he had the courage to run counter to the blood-letting and weakening therapeutic measures which prevailed everywhere at his day. Hahnemann rendered himself celebrated by his attainments in the direction I have mentioned before he published his *Organon of the Healing Art*, his *Materia Medica Pura*, and his treatise on *Chronic Diseases*, works which form the basis of homœopathy, works to which many thousands of homœopathic physicians owe their knowledge of thera-

peutics, and to the instructions contained in which many millions of patients owe their health.

These few remarks must suffice to demonstrate the great merits and extensive knowledge of Hahnemann, and I now request you to drink to his memory in solemn silence.

The toast having been appropriately honoured the PRESIDENT called on Mr. Hugh Cameron to propose the "Memory of Dr. Quin."

Mr. CAMERON, after referring to the pleasant dinner of last year, when in proposing the same toast he drew attention to the very great claims which Dr. Quin had upon the grateful remembrance of all homœopaths, expressed his full assurance that at all future gatherings of this kind this toast would never be omitted. Dr. Quin, he said, had before he introduced homœopathy into England, had the enormous advantage of being much abroad, and of living on intimate terms with the members of that high and influential society which alone at that time knew anything of homœopathy. Highly esteemed by all who knew him, not only for his professional skill, but for his high sense of honour and his wisdom, he was, when he began the practice of homœopathy in England, received by the aristocracy of the country as an old friend, and the esteem in which he was held was extended to his colleagues and has been nobly sustained by them since. Never will this esteem be withdrawn while a strict adherence to that high standard of professional ethics which he never for a moment lost sight of is maintained. Some I am aware have thought that Quin's code of honour was too high and really impracticable in the every day work of practice. I would venture to hope that there is no one present who thinks that the standard of professional honour can ever be raised too high. I would implore our younger members especially, should such an idea ever cross their plastic minds, so much more ready to receive impressions than our older ones, to fling it away from them as a thing of evil.

I could, from the literature of medicine, quote some of its highest ornaments in support of this appeal; but I will content myself with the evidence of only one great authority—a man respected by all, not only for his high position in his profession, but for his general character and spotless honour—and I am sure you will not consider his authority to be any the less valuable when I add that he was a personal friend of Dr. Quin's, and often quoted him as an example of the highest professional conduct. Many years ago I was dining at the house of one of the greatest surgeons of modern times—one of the dearest friends I ever possessed—and there I met a gathering of all that was most distinguished in the highest ranks

of the allopathic world. I was the only heretic present, and for my sins against orthodoxy encountered the old-established treatment against offenders of that kind, and was well "roasted" and chaffed, as you may suppose. In those days I could give as well as take, and had no objection to a good-humoured game of "tit for tat," for all was done at that dinner in that style. Among the guests was the eminent physician to whom I referred. After dinner he and I got into conversation about a glaring violation of the laws of honour by an allopathic physician of high position, which was stirring up a great deal of public excitement at that time, and this led him—this authority on medical ethics—to say that if he were placed in a difficulty on a question of medical ethics there was no one that he would so readily go to for advice as to Dr. Quin. On this I asked him whether *he* ever thought that Dr. Quin strained the point of honour in demanding for it so high a standard. He mistook my question, and evidently thought that by it I was only hinting at my own doubts on the point. He turned on me with an expression of disappointment and surprise, and told me never to let such a doubt rest for an instant on my mind, never to allow myself to act upon it, for if I did the first step of my demoralisation would be accomplished, and the rest would be easy, until at last I should find myself at the bottom of that sliding scale hopelessly damaged in character and estimation, and ended by saying "*Facilis descensus averni.*" This outburst from such a man made a great impression upon me, and it is in the hope that the anecdote may have the same effect on our younger members that I venture to recount it, and as a confirmation of the justice of Dr. Quin's code of honour. I am anxious to avoid names in what I have to say to you to-night, but feel I should be disloyal to the affectionate memory of one of the dearest friends of my life, and that I should fail in my duty to you if I did not make an exception in the case of our host at that dinner; for, gentlemen, he was the man, the only man in that high professional society, who had the courage when attacked publicly and privately by friends and by foes for associating with Dr. Quin and others of us, to hurl defiance in the face of his assailants by practising—and publishing to the world that he did so—the homœopathic treatment of erysipelas by *belladonna* in an outbreak of that disease at his hospital, and acknowledging to his pupils in his clinical class that he did so at the suggestion of his friend Dr. Quin, and with perfect success in the epidemic where all the old means of treatment had signally failed. The lecture by his sanction and desire was published in the *Lancet*. To this open defiance there was not the shadow of a reply. His detractors



seemed all thoroughly cowed, for Liston—that was the man—was an awkward customer to provoke overmuch, and as remarkable for his physical as for his moral courage. I hope you will not consider that I am departing from the business of this evening if I add that after his death a member of this Society took the initiative in raising, and procured the greater part of the money, for the purpose of erecting a memorial to the memory of Liston; that, in conjunction with his friend, Mr. Durance George, an eminent allopathic specialist, he acted as secretary to the fund, and that the committee was able to present a splendid marble bust of him to the Royal College of Surgeons; another of the same kind to University College Hospital, of which he was surgeon; and a third to his family, all from the chisel of the eminent sculptor, Tom Campbell, Liston's old friend; and also to found the annual prize of a silver medal, engraved by Wyon, for the clinical class in that hospital. To this member, now an old man, there is no more gratifying point in the long vista of past years than his recollection of the share which he took in this homage to the memory of his own and Dr. Quin's dear friend—of the man to whom we homœopaths are all so much indebted. If other members of the allopathic body of his rank had possessed his courage, and had protested, as he did, against the trade-unionism to which they have succumbed, and, instead of appropriating our principles and practice had frankly acknowledged the source to which they were indebted for them, the medical profession in this country would now be on a more wholesome footing both for doctors and patients, and in a more advanced condition itself than it unfortunately is.

It is not to colleagues of our own faith only that we should conduct ourselves with perfect honour, charity and generosity, as Quin used to say; but, if possible, we should be more jealous of honour and more exacting on our own consciences in all relations with our brethren of the other school than with our own. That system is three thousand years old, more or less; all the civilised nations of the world have been born into it, and have inherited it as they have their religious creed, with their mother's milk—or, indeed, sooner in those countries where the little stranger when he enters this weary world is welcomed by a dose of castor oil. If a practitioner of that system is unfortunate with a case that makes a noise in the world, the blame is thrown on him, but never on his system; but if the same misfortune happens to a homœopath, he indeed does not escape blame certainly, but the chief blame is thrown on the system—for homœopathy, you know, invented death, although we homœopathic doctors are very inconsistently not allowed to profit by our discovery, and are licensed only



to cure, and not to kill, like the "charter'd libertines," our colleagues of the old school. We, on the other hand, are but a small body of interlopers, shut up in a glass house, surrounded on every side by hostile critics, each with a magnifying glass of great power, watching us, ready to exaggerate the smallest blemishes in the way of conduct or of practice.

"If there's a hole in a' your coats,  
I rede you tent it,  
There's a chiel amang ye takin' notes,  
And faith he'll prent it."

If our brethren of the other school disown us, deny us the common fellowship of our glorious profession, refuse us the common courtesies and treatment of gentlemen, prig our patients, and are guilty of many other atrocities of conduct towards us, never mind them, they will have their reward. Never attempt to imitate them, never retaliate their own cruelty upon them, for that would be to adopt their example, which we repudiate; but go on steadily, the star of honour for our guide to our goal, and we shall come in victorious while they make wreck of themselves. With your leave I will tell you an anecdote of Dr. Quin which well illustrates by example the precepts of honour and gentlemanly dealings he enforced, and the spirit which guided him towards his colleagues whether homœopathic or allopathic. A physician of large practice and reputation in the fashionable circles was notorious even above his colleagues for the virulence of his attacks on homœopathy and for his personal antipathy to Dr. Quin, whom he never lost an opportunity of abusing, especially when he found himself among Quin's patients or friends. One day Dr. Quin called to see a patient in a family who were all staunch homœopaths and very intimate friends of his, and with whom a young lady, a near relative, a patient of this physician, was at the time on a visit. When he entered, the lady of the house exclaimed: "Oh, Dr. Quin, if you had come in ten minutes sooner you would have found Dr. So-and-so," meaning this physician, "here, and we should have been compelled then to send for the police to keep the peace, for he was so violent in his language towards you that So-and-so," meaning her son, "had to put him down." "Oh," said Quin, "never mind him, poor fellow; it pleases him and cannot hurt me." The young lady for whom the physician prescribed asked Dr. Quin to look at the prescription. On doing so he was terribly shocked to find that pure *sulphuric acid* was ordered in fatal doses. At that moment his most bitter enemy was completely in his power, and had he given the most distant hint of the danger the girl had run this physician

would have been ruined in a month, for, as you know, in the rank of society among which his practice lay, every member of it knew every other, and the news of the mistake would have run like wildfire through it. But Quin was incapable of such ignoble revenge, and his only thought was how best to rescue his enemy from his terrible disaster. By a great effort he concealed any expression of emotion in his face, and said to the lady very quietly "This is a very good prescription speaking allopathically, but it consists chiefly of *sulphuric acid*, and will likely do you good. I am driving past your chemist's shop and will take it there and save you the trouble of sending." I need not say he did not go to the chemist's shop, he drove straight to the physician's house, sent in his card, and was soon admitted. He found him standing in the middle of the room drawn up to his full height (and he was very tall) with his face set to a most frowning expression of offended virtue. Addressing Dr. Quin, he said "To what am I indebted, sir, for the honour of this visit?" laying sarcastic emphasis on the word "honour." "To this, sir," said Quin, presenting the prescription. In a moment, on looking at his prescription, the expression of his face became one of terror and despair, and he gasped out in a choked voice "How did you get this?" Quin, greatly distressed at the sight of his agony and eager to relieve it, said "Oh! don't be alarmed, no one knows of this mistake but you and I, and I shall never open my mouth about it." He then told him all that had happened, just as I have told it to you now. When he had finished, the physician seized Quin's hand in both of his, and sobbed out "You are most generous, I did not deserve this at your hands, you have heaped coals of fire on my head," and dropped into a chair where he cried like a child. When he calmed they got into amicable conversation, he wrote out a fresh prescription and as Quin took it and was going away, this poor man said "Never shall a word about you pass my lips that isn't admiration, and I only wish I could extend the same admiration to the system, but that can never be." Quin, always ready to cheer a man who was down and make him laugh, said "Oh! don't you be so sure of that, for if you go on reducing your doses at this rate you will soon become such a high dilutionist that a steady old Hahnemannian like me will have to disown you." They parted with a good laugh and became good friends for ever after. Although I was at that time on the most intimate and confidential terms with Dr. Quin, I never heard of this incident till years afterwards, at that latter time a patient of mine was anxious to have this physician's opinion about some

symptoms of his case and asked me to meet him. I readily consented to do so, but expressed strong doubts whether he would meet me, on which the patient assured me that I was mistaken, and that he would be delighted to do so. At the consultation nothing could be more genial or friendly than he was. My perplexity to account for all this was very great, and I was dumbfounded when he asked me, "How is that dear little fellow, Quin?" And before I could answer, added, "He is as generous in heart as he is brilliant in wit." As soon as I was released, I rushed to Quin and asked him to explain this puzzle. He tried to evade my question by assuring me that the physician was a very good fellow, and that they two were excellent friends, &c. However, I was not to be put off, and at last, under a solemn promise of absolute secrecy from me, he told me the whole matter, just as I have repeated it to you, because, he said, he thought it was but justice to this physician, that I should know it, as he thought it very probable that I should see much of him in future, which turned out to be the case, for we became intimate friends. In conclusion, there is a simple good old rule which comes to us stamped with the authority of the Founder of the Christian Religion, which, if we follow strictly and conscientiously, will guide us safely and without difficulty through all the duties and intricacies, not only of professional life, but in all our relations to our fellow creatures, and that rule is, "to do unto all men as we would that they should do unto us." I ask you to join me in drinking in solemn silence to the memory of Dr. Quin, the Founder of the British Homœopathic Society.

The toast having been drunk, and a song, "Still is the Night," charmingly sung by Mr. Ernest Marlei, the President called on Dr. Yeldham.

DR. YELDHAM, in proposing prosperity to the British Homœopathic Society, said that as there were doubtless some members present who knew but little of the history of the Society, it might be appropriate to the toast he was about to submit if he gave a brief statement of what the Society had done and was still doing for homœopathy. In the first place, the Society, as they had heard, was founded by the late Dr. Quin on the 10th of April, 1844. In 1849 it established the London Homœopathic Hospital, which had ever since grown and prospered, and was never in so flourishing a state as it was at the present time under the able generalship of its energetic treasurer, Major Morgan. (Cheers.) In 1860 it started the periodical known as *The Annals*, chiefly for the purpose of supplying provincial members with the transactions of the Society. In 1870 it issued the first edition of the *Homœopathic Pharmacopœia*, in 1876 a

second edition, and in 1887 a third. Of this work it might safely be said that for completeness, and scientific accuracy, it would compare favourably with any other work of the same kind in Europe. And it was curious to remark that whilst the aggregate number of copies of the three editions amounted to five thousand, there were in Great Britain only about four hundred homœopathic practitioners and homœopathic chemists who might be supposed to require such a work. A good many copies doubtless went to America. Still there would be very many left. What became of them? Was it feasible to suppose that they got into allopathic hands? The next work of the Society was the publication of two splendid volumes of Hahnemann's *Materia Medica Pura*, translated by their learned colleague, Dr. Dudgeon, who was ever ready to do, or help others in doing, every good and useful work. (Cheers.) Then followed the translation and issue of Ameke's *History of Homœopathy*, and lastly, the publication, which was now in progress, of *The Cyclopædia of Drug Pathogenesy*. The real burden of this great undertaking rested on the shoulders of their talented and indefatigable colleague, Dr. Hughes (cheers), albeit he was ably assisted by some American colleagues. All these works were supplied to the members of the Society free of cost; and taken together, he thought they might fearlessly challenge any other medical society in the kingdom to produce such a show of useful and practical work. Above all this, there were the monthly meetings of the Society, for the reading and discussion of practical papers. He would strongly advise all converts to homœopathy, especially young men, to join this society, and when possible to attend the meetings, to read papers, and to join in the discussions. Nothing was so instructive as writing a paper, or ransacking one's brains to take part in a debate. And, lastly, there was the social aspect of the society; the friendly chat over a cup of tea at the monthly meetings, and the annual gatherings, a happy instance of which they were then enjoying. He trusted these gatherings would be repeated year by year. As long as he was spared and able he would promise to come to them, wherever he might be. He begged to propose "Prosperity to the British Homœopathic Society," and might it flourish, root and branch, for ever. (Loud cheers).

A glee, "To all you ladies" (Calcott), was, at the conclusion of Dr. Yeldham's speech, very effectively sung by the choir.

Dr. J. G. BLACKLEY (hon. secretary of the society) in acknowledging the toast said that the past session had been a very useful one and that the Society had been very well supplied with papers. He fully shared Dr. Yeldham's

appreciation of such meetings as the present, and, like him, hoped that wherever he might be, whether holding his present office or not, he would be able to take part in them.

Mr. Mackway, the leader of the choir, then sang, with great power and effect, Pinsuti's "*Duschinka*," which elicited a well-earned and determined *encore*, and to this Mr. Mackway kindly responded by singing "Come into the garden Maud," which was equally well received.

The PRESIDENT next called on Dr. Hughes.

Dr. HUGHES said that he was honoured with the toast of "The Visitors." He did not know the names of all the gentlemen who were present in that capacity; but he was glad to note among them Major Vaughan Morgan, to whom their hospital in London was so deeply indebted. Mr. Laurie (a name which should always find representation in the homœopathic ranks), secretary to the Homœopathic League, and Mr. Hurndall, whose writings on veterinary medicine in the *Monthly Review* had caused so much interest. The lay friends of our cause who were present were especially welcome, as it was to them that we must look for victory in the great fight we are now waging for liberty of medical opinion and practice. He yielded to no one in regard for the professional honour on which Mr. Cameron had so worthily descanted; but he could not indulge in dreams that the profession at large would ever voluntarily eat its own words and stultify its own persistent attitude by yielding our rights. If homœopathy was ever to reach in this country the proud position it occupied in the United States it must be here as there by the pressure of the people. For this cause he welcomed the "League," for this cause he hailed the presence of the laity at these gatherings, and hoped to see their numbers increase. He would couple with the toast the name of Mr. Hurndall, M.B.C.V.S.

Mr. HURNDALL, after acknowledging the cordiality with which the toast had been received, said: It may not be out of place that I should inform you, as the result of experience in practice, that in the treatment of the various domestic animals homœopathy loses none of its well deserved distinction in therapeutics, for most certainly no one, among its opponents, can say that our patients are cured by the exercise of even an infinitesimal amount of faith, an objection which many gentlemen in your profession have to combat. The vexed subject of attenuations is one upon which veterinary homœopathy may perhaps throw some light, if carefully examined; I may mention that I find the bovine race require drugs to be administered in lower attenuations and stronger doses than any other of the domestic animals; next thereto is the equine race, while those of the canine order are more amenable to the

higher attenuations, and in some cases I have found these cure with remarkable rapidity where mother tinctures were inefficacious. The feline race, such as cats, are about on a par with the canine order. It is worthy of note that the common complaint, of which horses are frequently the subjects, known among stablemen as "colic," is almost invariably amenable to one or two doses of *aconite*; this is probably accounted for by the fact that colic is due to cold more often than to any other cause; but should it arise from horses over-feeding or gorging their stomachs with some unsuitable food, such as wheat, then *nux vomica* is the remedy, as is well known to you all; and I may add that though I have had quite my share of colic cases since I have been in practice, I have yet to lose my first case from this disorder. In our branch of the medical profession we have not the bitter hostility against homœopathy to contend against that you gentlemen of the sister profession meet with. It was my privilege this year to read a paper before the National Veterinary Association in Edinburgh, full particulars of which I had the honour to submit to my friend, Dr. Pope, for his private inspection,\* in which I advocated the test of drugs upon various healthy animals in order that their therapeutic and purely physiological actions might be noted and compared; and this I did without once mentioning the word homœopathy, not because I was ashamed of avowing my belief in the principle, for that was well known to the members, but because I wished to avoid any cause of offence, and as an act of diplomacy; and among my professional friends I can number several whom I have hopes of convincing of the truth of the homœopathic principle, already several, on my suggestion, have been putting it to the test under circumstances, to the allopath, of difficulty, such as the action of *secale cornutum* in cases of undue retention of the placental membranes after parturition, and with marked success. I must apologise, gentlemen, for having detained you so long, and thank you most heartily for the manner in which it has been received.

A beautiful part song, "Lovely night," was then sung by the choir, at the conclusion of which the PRESIDENT called upon Dr. Pope for a toast.

Dr. POPE then rose and said: With your permission, Mr. President, I would add to our toast list this evening by asking you to drink the health of Dr. Dudgeon, Dr. Jagielski, and Dr.

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\* We had intended—and hope yet to carry out our intention—to give our readers an abstract of this very excellent and exhaustive essay. We have simply been prevented from doing so by the pressure of other matter upon our space.—[Eds. M.H.R.]



Marsh, and at the same time congratulate them on the victory they have won over prejudice and illiberality at the Margaret Street Hospital for Diseases of the Chest. This, he said, was far too important an event to be passed over unnoticed on an occasion like the present. No Hahnemann commemoration dinner had ever been held under more gratifying auspices than the present. During no year that he could remember had greater advances been made in educating the profession to a clearer knowledge and more just appreciation of homœopathy than during the past twelve months. During that time they had seen the publication of Dr. Lauder Brunton's work on *Pharmacology, Therapeutics, and Materia Medica*, in which a very large proportion of all that was either novel or valuable to the allopathic practitioner had been collected from the practical writings of homœopathic physicians. And, moreover, so greedily had this novel and valuable material been absorbed, that two large editions had been called for by the profession, and a third, he believed, had just been issued. In this, which he had not seen as yet, Dr. Brunton had promised to give them his opinion of homœopathy. For his part he thought that they already had Dr. Brunton's opinion of homœopathy set forth in a very practical form in *The Index of Diseases and Remedies* attached to the two first editions. Had homœopathy not been proved to be true—had Dr. Brunton not believed that it had been so proved—more than a third of those remedies would never have been known to be such in the conditions in which he advised them, and consequently would never have found a place in Dr. Brunton's book. He therefore thought that Dr. Brunton's new preface, whatever it might contain, was quite unnecessary, unless circumstances which he lacked the courage to control rendered it necessary for him to explain away the facts he had endorsed. Secondly, during the last few months they had seen a struggle for liberty of opinion in the practice of medicine brought to a successful issue at the Margaret Street Hospital for Consumption. It was the first struggle of the kind that ever had been successful in this country. He considered this struggle to have been one of the best managed and most striking illustrations of the advancement of homœopathy they had seen of late years. It was not simply in defence of the right to practise homœopathically that it was fought out to the finish, but in defence of the right of every qualified medical man, of every hospital physician, to treat his patients on whatever plan his experience had taught him was most advantageous for his patients. In 1844 Professor Henderson, of Edinburgh, one of the most accomplished and eminent physicians of his day, was compelled to resign his wards in the Royal Infirmary of



that city because he sought to do for his patients that which his experience had taught him was best for them. In 1857 Dr. Horner, of Hull, was driven out of the infirmary of that town because he insisted on exercising the right of doing his duty to his patients by prescribing for them such medicines as his experience had taught him were the best for them. In a similar manner, and for the same reason, Dr. Reith of Aberdeen, was driven from the infirmary in that city. And now, in 1887, an attempt had been made to force Dr. Jagielski and Dr. Marsh from the Margaret Street Hospital, because for the last seven or eight years they had been doing their level best for the patients at that institution—that level best being, as experience had shown them, treating them homœopathically. Fortunately for them, fortunately for homœopathy, fortunately for the hospital, they had behind them a physician of long experience in the tactics of the opponents of freedom of opinion in medicine; one who for the last forty-five years had done yeoman's service in therapeutics; one, who moreover, possessed a thoroughly sound judgment. The consequence had been that the resolution Dr. Dudgeon proposed at the infirmary meeting no one could gainsay. The governors showed in a very decided manner that they regarded the demand that the secretary should dictate to the physicians the kind of treatment they should adopt as a singularly preposterous one. The opponents of liberty of opinion on the staff acted as though they thought this sort of interference quite right and proper—at any rate when it did not happen to affect themselves! But if the rights and the duties of the medical profession were to be over-ridden by the non-professional executive officers of a hospital, to what a state of degradation would the profession be reduced! Dr. Dudgeon's motion took the wind out of the sails of the editors of *The Lancet* and *British Medical Journal*, who had for the most part preserved a most eloquent silence on the matter. One journal, *The Medical Press and Circular*, alone had rushed in where the other angels had feared to tread, and doubtless by this time he regretted that he had said anything about it. The young bloods of the profession, more acute than their seniors, saw how far-reaching was Dr. Dudgeon's resolution, and consequently *The Hospital Gazette* and *Student's Journal* rather deplored the resignations which had taken place as a result of Dr. Dudgeon's successful motion. Well, the opponents of liberty of opinion had resigned. They flattered themselves that they were indispensable, and have made the discovery that they were not. We must all live and learn! Their places have been filled up, and that for the most part by avowed homœopaths. He thought

that they owed their best thanks to Dr. Dudgeon for his skilful generalship on this occasion, and not less so to Dr. Jagielski and Dr. Marsh for the care with which they had treated their hospital patients during the last seven or eight years. For had their success not been well marked, the want of it would have been regarded as some excuse for getting them out of the Infirmary. The Governors justly decided that their positions could not be wrenched from them in order to indulge the prejudices of an intolerant majority. And now a precedent had been provided that a physician had a right to treat his patients at a public hospital homœopathically if his experience had taught him that homœopathy was true. So that Dr. Ringer and Dr. Brunton could now do openly and without fear of loss of position what they had long enough done secretly, treat their patients at University College Hospital and at St. Bartholomew's homœopathically. This was a great gain, and Dr. Pope asked the company to drink the health of those gentlemen to whom they were indebted for it—Dr. Dudgeon, Dr. Jagielski, and Dr. Marsh.

The part-song, "With Horse and Hound," was then given in a thoroughly stirring manner by the choir, after which

Dr. DUDGEON rose and said that he felt some diffidence in speaking to this toast, as it seemed to be of an unauthorised character, not being on the programme which lay on the table. He thanked them cordially for the kind manner in which they had just drunk his health, and Dr. Pope for the too flattering terms in which he had alluded to his humble services to the cause they all had at heart, and particularly to his actions in the matter of the Margaret Street Infirmary. He must say he felt extremely satisfied with the result of the combat at that institution. It was not a victory for homœopathy as much as for the rights and liberties of medical men. In this endeavour to stifle freedom of opinion their opponents in the infirmary had looked across St. George's Channel for a plan of campaign, but after the manner of allopaths they had employed a mixture of two plans, thus they had practised boycotting, intimidation—for they sent to the governors a circular, threatening that if their motion for expelling their homœopathic colleagues was not adopted they would all resign. They also endeavoured to practise mutilation of the medicinal resources of the infirmary, by cutting off the supply of homœopathic medicines in the dispensary, but they had besides endeavoured to evict the legitimate tenants of the infirmary, Drs. Jagielski and Marsh. This mixture, like most allopathic mixtures, did not succeed in effecting the object desired. The threatening circular, though signed by fifteen governors, the seven doctors and eight of their friends on the

executive committee, was not very successful, the members who voted for the anti-homœopathic motion being only seventeen ; that is two more than the signers of the circular, and he observed that two of the votes belonged to the softer and emotional sex. He had been well supported by their two colleagues Drs. Jagielski and Marsh, and he believed that their victory was important in vindicating the right of all medical men to treat their patients in public institutions according to the dictates of their conscience. He begged to thank them in his own name and in the names of his companions in the recent combat, Drs. Jagielski and Marsh. He would now ask here to propose another toast. The excellent arrangements which had enabled them to spend such a pleasant evening, were due to their honorary secretary, Dr. Blackley, and he was sure that they would cordially thank him for all the trouble he had taken to ensure such a successful meeting. They would also join in a hearty vote of thanks to their chairman, whose conduct in the chair had contributed so greatly to their pleasure. Although Dr. Roth's mode of practice for many years past had little to do with homœopathic therapeutics, he still retained all the zeal and enthusiasm for the great reform in medicine of his youthful days. Dr. Roth had greatly assisted in the triumph obtained in the Margaret Street Infirmary by his thoughtful care in sending to all the governors of that institution copies of the tracts issued by the Homœopathic League, which he believed had much to do in opening their minds to the truth regarding homœopathy, and inducing them to resist the attempt of its opponents to expel their two colleagues on account of their homœopathic tenets. He begged to propose the healths of Dr. Blackley, the honorary secretary of their society, and the organiser of this dinner, and of Dr. Roth, the president of their society and their worthy chairman.

The PRESIDENT, in reply, said that he did not deserve all the praises which Dr. Dudgeon had accorded to him. That as during the first nine years of his practice he was the only homœopathist in four of the northern counties of Hungary, when he had experienced much opposition from his colleagues of the old school, it was only natural that, although engaged in a speciality, into which medicines did not enter, he should always retain the same interest in the spreading of homœopathy and he considered it only his duty to have done what he had done.

Dr. J. G. BLACKLEY also responded, and, having done so, proposed the health of Mr. Mackway, who had rendered his services, in conducting the musical arrangements of the evening, gratuitously.

Mr. MACKWAY replied, saying that his doing as he had done

was only an act of gratitude for the benefits he had derived from homœopathy, and that he was always ready to help to extend a knowledge of homœopathy in this or any other way that lay in his power.

## NOTABILIA.

### MARGARET STREET INFIRMARY FOR CONSUMPTION.

THE vacancies created by the determination of a portion of the medical staff of this institution to resign their posts rather than countenance liberty of opinion in the practice of medicine by continuing to hold them, were filled up on the 6th ult. by the election of Dr. Beckett, of Brook Street, Grosvenor Square, formerly of Tunbridge Wells, as ordinary physician; of Dr. Lloyd Tuckey, of Green Street, Grosvenor Square, and Dr. Roberson Day, of Hampstead, as visiting physicians; and Mr. Millican, of Welbeck Street, as surgeon.

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*The Lancet* of the 16th ult., in announcing these appointments, contains the following commentary: "We are not aware whether all these gentlemen are avowed homœopaths; if they are not, we can but deplore their acceptance of the posts." Admirable letters from Dr. Beckett and Mr. Millican in the *Lancet* of the 23rd ult., will have enlightened the editor on this point, and have given him a much needed lesson in ethics at the same time.

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*The Medical Press and Circular* of the 18th ult., in remarking upon the election, writes: "These gentlemen have expressed themselves in favour of entire liberty of action on the part of the medical staff in the matter of treatment, and have intimated their intention to work harmoniously with their future colleagues." The inference the *M. P. and C.* draws from the members of the medical staff of a hospital having "entire liberty of action" "in the matter of treatment" is conveyed in the next sentence: "This institution evidently cannot in future be regarded in any other light than that of a homœopathic hospital." A homœopathic hospital is, therefore, in the opinion of the *M. P. and C.*, the only hospital in which liberty of opinion in the matter of treatment prevails!

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At the same time there is an essential difference between an institution like the Margaret Street Infirmary and a homœopathic hospital. The former is intended solely for the relief of the poor by members of the medical profession possessing a certain order of legal qualifications. The *raison d'être*

of the latter is before all things to draw attention to, to illustrate, to test, and to define the scope of a therapeia based on a certain principle. It is essentially a teaching institution, the home of a great therapeutic experiment. The Infirmary in Margaret Street is a hospital the medical officers of which, we ought to be able to assume, have made themselves acquainted, *inter alia*, with the practice at the London Homœopathic Hospital, and adopt so much of it as appears to them to be advantageous to their patients.

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The *Philanthropist*, in a review of this contest, in an article entitled *Dogma v. Freedom*, after referring to the resignation of the seven medical officers because the governors would not compel two to retire, says:—"It scarcely appears on what ground seven medical men have attempted to secure the resignation of two. It cannot be because the two delinquents have administered homœopathic medicines, because the *Lancet* has recently declared that medical men are free to give whatever medicines they please. The same authority affirms that the sin of the homœopaths is a special designation indicative of a special creed, but this sin has not, in the present instance, been committed, because the two offending physicians are members of a society which strictly forbids the use of designations, and they have practised their special doctrines unobtrusively at the infirmary for some years. The *odium medicorum* must therefore have arisen in this case on account, not of practice, nor of designation, but of pure conviction. This gives an unwholesome appearance of making men offenders, not 'for a word,' but even for a thought. The lights and leaders of modern medicine hardly seem to have been true to themselves in this controversy. Originally it was a sin against the medical creed to give homœopathic medicines; afterwards, because leading physicians began to give such remedies, it became not a sin to give those medicines, but simply for a man to name himself 'homœopath.' Now, however, when medical men have used homœopathy, but have not obtruded a 'designation,' it transpires that, whether a man adopts a designation or not, if he thinks homœopathically he is *anathema*. So that it seems to come to this, that a medical man may practise homœopathically but he must not believe in homœopathy.

"All this is, no doubt, quite right to those whose training has been medical and not logical. Only to the lay mind it seems inconsistent. Homœopathy is either right or it is wrong. If it is wrong, then it is without question the most progressive and pervasive medical heresy that ever troubled the serenity of the faithful."

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Dr. Hawksley, one of the late consulting physicians, uttered a plaintive wail in the *British Medical Journal* a few weeks ago, appealing for the sympathy of his professional brethren in his efforts to stifle liberty of opinion in therapeutics at his hospital. So far he has not got much by this exhibition of his sense of being neglected by his brethren when professing to sacrifice himself on their behalf. The council of the metropolitan branch of the British Medical Association and the medical staff of the North London Hospital for Consumption are the only bodies who have responded to Dr. Hawksley's appeal for sympathy on the failure of himself and his colleagues to restrict freedom of opinion in the practice of medicine. This is a fact upon which the profession, rather than the late members of the Margaret Street Infirmary staff, may be congratulated.

### LONDON HOMŒOPATHIC HOSPITAL.

On Saturday, the 28th of this merry month of May, a grand morning concert will be given at Grosvenor House, by the kind permission of His Grace the Duke of Westminster, in aid of the fund now being raised to provide a Convalescent Home for the patients at the London Homœopathic Hospital.

Of the advantage of having such an institution in a suitable part of the country it is unnecessary to say a word. It is, indeed, so obvious that such an establishment has become a necessity if the work of the hospital is to be accomplished as thoroughly and completely as it both can and ought to be accomplished.

The concert is held under the most distinguished patronage—their R.H. the Prince and Princess Christian, and the Princess Mary, with H.R.H.'s husband, H.S.H. the Duke of Teck, head a long list of noble patrons and patronesses.

The musical arrangements have been undertaken by Signor Adelman and Mr. Wilhelm Ganz, and we have heard that among the number of distinguished artistes who have kindly and generously volunteered their assistance on this occasion is Madame Adelina Patti.

That an entertainment, the proceeds of which are to be devoted to so thoroughly charitable, and we may add popular an object as the establishment of a Convalescent Home unquestionably is, that one held under such distinguished patronage, and one which will consist in the enjoyment of art in its highest form, as this undoubtedly will, should be a success, is as certain as most things can be. Hence, though the ample room at Grosvenor House has been kindly placed at the dis-

posal of the Board of Management for the purpose of this concert, we would urge our readers who may desire to be present to write at once to Mr. Cross, at the hospital, for tickets. The reserved seats are, we see, a guinea each, or half-a-dozen for five pounds; and those which are unreserved are half a guinea each.

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### DR. LAUDER BRUNTON EXPLAINS!

THE third edition of Dr. Brunton's *Therapeutics, Pharmacology, and Materia Medica* has reached us too late in the month to allow of our giving any extended notice of the new preface, especially as our pages on this occasion are already overcrowded. We propose to discuss it fully in our June number.

Meanwhile we may inform our readers that Dr. Brunton says that "the mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug, does not constitute it a homœopathic medicine!" We have lived for a good many years under the impression that this was just what did constitute a homœopathic medicine! Dr. Brunton assures us that we are in error.

The *Index of Diseases and Remedies* was, Dr. Brunton tells us, compiled partly from Dr. Ringer's *Therapeutics, &c.*, but principally from a work by Dr. S. O. L. Potter on *Comparative Therapeutics*. In 1879 we met Dr. S. O. L. Potter at Lake George, N.Y., at the annual meeting of the American Institute of Homœopathy, of which body he was a member, and in the proceedings of which meeting he took an active part. It was from Dr. Potter's book that Dr. Brunton learned that *apis* was useful in tonsillitis! In the present edition Dr. Brunton has omitted *apis*; not because experience has not shown its value, but because he has discovered that it is "homœopathic!" On the same terms a good 80 per cent. more of the remedies named in the *Index* ought to go likewise, but as these have already been appropriated as "discoveries" by several other authors, Dr. Brunton retains them.

We shall hope to return to the subject next month.

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### HAHNEMANN CONVALESCENT HOME AND HOMŒOPATHIC DISPENSARY, BOURNEMOUTH.

THE eighth Annual Report of these Institutions shows the following results of the work done at them during the past year.

At the Home 96 patients were received, being three more than during the previous year.



At the Dispensary 802 cases were entered, of whom 62 were visited at home.

The expenditure at the Home amounted to £911 15s. 11d., leaving a balance in hand at the close of the year of £57 5s. 2d. That of the Dispensary was £122 9s. 1d., leaving a credit balance of £88 17s. 2d.

The Medical Officers are Dr. H. Nankivell, Dr. Hardy and Dr. Frost.

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### SANITAS.

Of substances purporting to be disinfectants there are many. Carbolic acid, which has had a high reputation as one, has many objectionable properties, two of which—its offensive odour and its depressing influence on the organism—are sufficient to condemn it if something else equally efficient can be provided. It is now some years since we made acquaintance with “sanitas.” It was at a dog show at the Alexandra Palace, where some 1,200 dogs were benched. We were early in our visit struck with the entire absence of that repulsive “doggy” smell, which we had experienced at similar exhibitions at the Crystal Palace and elsewhere. We at once enquired, What are you using to keep down the smells of the show? The answer was “Sanitas.” Since that time we have repeatedly used this substance for disinfectant purposes, and the result of our observation is that we believe it to be one of the best preparations of its kind in the market, one which is perfectly safe, and one the odour of which is, to most people, refreshing rather than disagreeable.

It can be obtained now not only in the form of powder, but as a thin fluid and as an oil.

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### OBITUARY.

#### DR. MARKWICK.

We regret to announce the death of Dr. Markwick, who had, until within the last two years, practised for a considerable period in Bayswater.

ALFRED MARKWICK was born at Worthing in 1822. As was the rule in those days, he commenced the study of medicine by serving an apprenticeship to a surgeon-apothecary, his master being his uncle, a popular practitioner at Hailsham, in Sussex. Hence he proceeded to study at Paris, where he contracted typhoid fever in a very severe form. On his recovery he returned to England and completed his studies at University College Hospital. After being admitted a member

of the Royal College of Surgeons in 1848, and a licentiate of the Apothecaries' Hall, he visited Heidelberg, and studied at the hospital in that city.

In 1845 he commenced practice in Langham Place and was for a time surgeon to the German Hospital at Dalston. He was the inventor of the well known spongio piline, which obtained a medal at the Exhibition of 1851. The proprietorship of this patent, involving, as it did, dealing with agents, caused him a great deal of anxiety, and in 1858 he disposed of it and took a year's rest. During this time he made a study of homœopathy, and on his return to London in 1859 he declared his conviction of its truth, and, resuming practice in Leinster Square, joined the British Homœopathic Society. During this year he became a fellow of the College of Surgeons and a licentiate of the Edinburgh College of Physicians. In 1866 he was appointed one of the physicians of the London Homœopathic Hospital, from which he retired a few years ago.

During his residence in Bayswater he conducted a large general practice, which two years ago he transferred to Dr. Byres Moir and removed to Brighton.

Dr. Markwick at various times, both prior to and since his adoption of homœopathy, has contributed papers of interest to the medical journals.

For upwards of thirty years he had been the subject of an obscure nervous affection of the heart, marked by sudden and violent palpitation, the pulse on these occasions sometimes beating 200 strokes to the minute. Attacks of this kind usually lasted for twenty-four hours, and left him as suddenly as they occurred. Released from the anxieties of professional life and in the bracing air of Brighton his health materially improved, and the attacks of palpitation became few and far between.

The illness which terminated his life commenced with a severe chill on the eighth of February; this was followed by a violent attack of palpitation, which with intermissions of only a few hours continued until his death, the immediate cause of which was pneumonia. During his illness he was attended by his old friends Dr. Hale and Dr. Metcalf. Dr. Moir also saw him frequently in consultation with them.

Dr. Markwick was much respected by his professional brethren, and a large circle of patients held him in very warm esteem. He was heavily handicapped by the exhausting cardiac affection to which we have referred, and but for this his natural ability and his extensive knowledge of his profession would have insured him a much more conspicuous position among medical men than he attained.

## DR. NEWMAN.

ANOTHER of the earliest of British homœopaths has been called away in the person of Dr. George Newman, of Bath, who died at his residence in that city on the 9th ult., at the age of 74.

GEORGE NEWMAN was a St. Bartholomew's man, and was admitted a member of the Royal College of Surgeons of England and a licentiate of the Apothecaries' Hall in 1835. Shortly afterwards he commenced practice at Glastonbury, in Somersetshire. During the following year the Glastonbury district of the Wells Union was formed, and Mr. Newman was appointed its medical officer. Now fully engaged in practice, he, as many others have done, became disappointed with the results which followed the traditional uses of drugs. A copy of *Hahnemann's Fragmenta de Viribus Medicamentorum* fell in his way, but he regarded it not. Later, increased therapeutic disappointments induced him to procure other books regarding homœopathy, and though utterly disbelieving in the efficacy of small doses, he put them to the test. "The results," as he subsequently wrote, "disappointed my expectations and removed my scepticism." It was not long after that his success aroused the jealousy of a medical neighbour, whose practice he had declined to purchase, and in 1842 a correspondence, initiated by this individual for the purpose of depriving him of his office, commenced with the Poor Law Guardians, the Poor Law Commissioners, and finally with the College of Physicians. The two first bodies had declined to interfere; the Guardians had indeed re-elected Mr. Newman, and the Commissioners had endorsed the appointment, but the disappointed vendor of the practice drove the Commissioners to the College and Dr. Paris having assured them "that a person who practises exclusively the homœopathic system is altogether unfit to be appointed to the situation of medical officer of a union," the appointment was cancelled, notwithstanding resolutions expressing the confidence in Mr. Newman entertained by the Board of Guardians, and a memorial begging "that they might have the advantage and privilege of his attention and treatment extended to them by his continuing in office," signed by 838 of the poor in the district. On his removal, by order of the Commissioners, a very hearty vote of thanks was sent to him by the Guardians for his services.

Mr. Newman continued in extensive private practice in the neighbourhood until 1852, when he became a licentiate of the Edinburgh College of Physicians, and removed to Bath. *The Bath Herald*, in noticing his death, says of his career in that city: "During his life in Bath he has been one of the most

successful and best known practitioners in the West of England, having patients in every part of the district."

In 1858 he established the flourishing Bath Homœopathic Hospital, now situated in Duke Street. The bitterness with which Dr. Newman was regarded by his professional brethren in Bath, and the deep attachment to him of his personal friends, is well illustrated by an anecdote of him given in the Bath paper. He was proposed as a member of the Bath and County Club, and through the medical opposition to him was black-balled. Thenceforward every medical man proposed met with the same fate, and the cause of this being well known Newman was again proposed and elected.

Some years ago Dr. Newman published a little work on domestic medicine, called the *Homœopathic Domestic Assistant*. Beyond this we believe he never contributed to medical literature, but devoted himself exclusively to conscientiously discharging the duties a very extensive practice imposed upon him.

His death has caused a very widespread feeling of regret in Bath, where much sympathy is expressed for his bereaved family.

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G. M. SCOTT, M.A., M.D.

DR. GEDDES MCKENZIE SCOTT died at Stonebridge Park, Willesden, on the 11th April, 1887, at the age of 82. His original intention in studying medicine was that he thought it would be a great aid to his usefulness as a clergyman, which was the profession he had resolved to adopt. Whilst travelling on the continent he made the personal acquaintance of Hahnemann, and was so much struck with the scientific character of his system that he resolved henceforth to devote himself to its practice and propagation. He took his degree at Glasgow in 1836, and delivered a course of lectures on homœopathy in that city. He was the author of several works and papers on homœopathy, and the history of medicine which appeared in the *British Journal of Homœopathy* and the *Homœopathic Times*. He will be best remembered by the essay which gained the prize offered by the Parisian Homœopathic Society on this theme, "a logical and experimental demonstration that it is by homœopathy alone that the principles and machinery of the science and art of medicine have attained a definite foundation." This masterly essay, containing original and well-argued views, was published in the *Brit. Jour. of Hom.*, vol. vi., and may be read at this day with pleasure and profit by all. Dr. Scott also translated, for the *Brit. Jour. of Homœopathy*, several of Hahnemann's minor writings.

All who had the happiness to know Dr. Scott were charmed with his gentle manners and his earnest and fascinating conversation. He had long retired from practice before his last illness, which eventually assumed the form of general paralysis.

His son, Dr. W. B. Scott, whose great power as a writer many of our readers can testify to, died last year, shortly after the decease of his mother. These severe blows no doubt hastened the death of our old colleague, whose health had never been very robust.

### NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We regret to have been obliged to postpone the publication of Dr. G. BLACKLEY'S cases, and the report of the Liverpool Materia Medica Society.

Communications, &c., have been received from Mr. CAMERON, Dr. YELDHAM, Dr. DUDGEON, Dr. ROTH, Dr. MOIR, Major VAUGHAN MORGAN, Dr. BECKETT, and Mr. CROSS (London); Dr. DRYSDALE and Dr. ELLIS (Liverpool); Dr. GIBBS BLAKE (Birmingham); Dr. HUGHES and Dr. HALE (Brighton); Mr. HURNDALL (Blackheath); Dr. PERCY WILDE (Bath), &c.

### BOOKS RECEIVED.

*Vittel.* By Paul Rodet, M.D.

*Homœopathic League Tracts.* No. 12.—*Dangers of Modern Medicine.* London: J. Bale & Sons, 87, Great Titchfield Street.

*Inaugural Address on the Work of the New York Society for Medico-Scientific Investigation.* By Walter Y. Cowl, M.D.

*The Homœopathic World.* London. April.

*The Hospital Gazette and Students' Journal.* London. April.

*The Monthly Magazine of Pharmacy.* London. April.

*The Bath Chronicle.*

*The New York Medical Times.* April.

*The American Homœopathist.* New York. March and April.

*The Chironian.* New York. March.

*The N. E. Medical Gazette.* Boston. April.

*The Hahnemannian Monthly.* Philadelphia. March.

*The Homœopathic Recorder.* Philadelphia. March.

*The Chicago Medical Era.* March and April.

*The Clinique.* Chicago. March.

*The Medical Advance.* Ann Arbor. April.

*The Clinical Review.* Cleveland. March.

*The Medical Counselor.* February.

*The History and Report of the Homœopathic Hospital, Pittsburgh.*

*Revue Homœopathique Belge.* Brussels. January and February.

*Allg. Homœop. Zeitung.* Leipzig. April.

*Rivista Omiopatica.* Rome. March.

*Rivista Argentina de Ciencias Medicas.* Buenos Ayres. October, November, December. 1886.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE INTERPRETATION OF THE HOMŒOPATHIC PRINCIPLE IN RELATION TO PATHOLOGY.\*

By ALFRED PULLAR, M.D., Edin.

In this Society it is hardly needful to recapitulate the familiar facts on which the doctrine of homœopathy is based, or to illustrate its practice by everyday experience. For the records of the Society during many years past afford ample evidence of the success of our method in dealing with the most varied forms of disease. The practical value and direct influence of homœopathy are now written in characters sufficiently legible that he who runs may read, in the current history of therapeutics. The old order changes, rapidly giving place to the new. It is not my purpose, however, to dilate on this theme, but rather to discuss briefly some points relating to practice.

In medicine, as in other departments of science, leading principles are liable to different interpretations according to the changing aspects of knowledge. The law of drug selection formulated and proved by Hahnemann, has been no exception in this respect, and hence the divergence of view which has tended so much to retard

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\* Read before the British Homœopathic Society May 5th, 1887.

the full development of the homœopathic method. There is no question, therefore, of greater practical importance to us as physicians, than the interpretation of that principle on which our school of medicine is founded. In attempting to treat this wide subject, I can only sketch, as it were, the outline, and indicate a few of the salient points, leaving many details to be filled in by the experience of those more competent than myself to elucidate its various difficulties.

The first problem before us is to define the sphere of pathology in relation to therapeutics, since this is essential to the working out of our method in practice. The physio-pathological basis of treatment, which has been the dominant principle of medicine, implies a knowledge of the nature and cause of disease as requisite and preliminary to the employment of remedial agents. Whilst this time-honoured system has greatly extended the range of pathology and etiology, it must nevertheless be admitted that the elaborate cultivation of these sciences has not in any proportionate degree advanced our knowledge of the action of medicines; nor have experimental researches upon the lower animals been more prolific in definite results. Moreover, the records of medicine suffice to prove that those diseases the nature and cause of which are supposed to be best known are not to a corresponding extent amenable to treatment. Are we not all familiar with the conflicting plans of medication which have been in vogue from time to time?

The nomenclature of disease expresses only in general terms the characters of certain pathological groups; but from the point of view of therapeutics these cannot be accurately classified and indexed, because we know that the same name is often applied to a variety of morbid conditions. Thus, for example, the term neuralgia vaguely signifies nerve pain, which, however, may be merely one symptom of a complex derangement. The pathological lesion is somewhat indefinite, and in studying the disease minutely we find that each case is different from every other in the character and periodicity of the pain, in special features and concomitant symptoms, which are all important therapeutic indications. With true insight Hahnemann observed that medication to be successful must be based



on the characteristic symptoms of each case of disease, although the significance of such symptoms might be entirely overlooked from the point of view of diagnosis or pathology. For, according to his teaching, the medicinal indications are to be determined not so much by pathognomonic data, as by the correspondence of the symptoms of our case with those of certain drug pathogeneses. In thus diverging from traditional teaching, Hahnemann instituted an entirely new departure in therapeutics; and it was inevitable, as pathology advanced, that difficulties should arise in carrying out this method strictly on the lines laid down by the founder. But similar hindrances—common to every branch of science—are especially incidental to that which deals with the complex phenomena of disease and the action of medicines. The progress of scientific inquiry is uninterrupted till a certain point is reached, when we are met by limitations due to imperfect knowledge of the vital processes and the medicinal effects. It is probably on these grounds that some practitioners distrust the physiological method as applied to therapeutics, and place reliance almost exclusively upon the indications of subjective symptoms, irrespective of cause. It is clear, however, that the relation of such symptoms to underlying functional and organic changes, necessarily enters into our view of any case, not only in determining its diagnostic characters, but also its similarity to the recorded effects of particular medicines. The physiological meaning and inter-connection of the phenomena, naturally arise in our minds as essential parts of this inquiry. The external signs and objective data may indeed afford more reliable information than the statements of patients, some of whom seem to possess an exuberant descriptive faculty, whilst others are so reticent that we have to search diligently in order to discover any subjective symptoms. The difficulty in many cases, is to elicit the particulars requisite for our therapeutic indications, and especially mental peculiarities, the importance of which may readily be overlooked by the patient. The more obvious features of the case such as the general aspect, state of nutrition, circulation, mode of breathing and similar data, present in broad outline the objective indications. For such characteristics cannot be ignored, however little stress may be laid upon pathology

as the basis of therapeutics. In other words, the clinical examination results in certain general conclusions regarding the nervous, digestive, respiratory or circulatory systems, which necessarily involve physio-pathological considerations. It is therefore impracticable to set these aside, even although our attention be centred on purely subjective symptoms. In the provings of medicines the latter data form the bulk of the record, and objective morbid changes are comparatively rare. It follows that subjective symptoms have been more elaborately studied and utilised as the ground-work of homœopathic therapeutics, whilst pathological changes are less accentuated. There are doubtless limitations inherent in our method, owing to the incompleteness of drug provings, some of which are so fragmentary that it is difficult to construct from them an intelligible picture of the specific pathogenetic effects. There are many symptoms vaguely recorded in provings, and imperfectly confirmed. The same pain or other sensation may be differently described according to the temperament of the individual prover. Again, the process of sifting reliable symptoms from those which appear doubtful requires great discrimination, as well shown in the introduction to the *Materia Medica, Physiological and Applied*, because "in the progress of pathology it is found that grave diseases are often indicated in their early stage—the only one of importance for the cure—by symptoms which might have been looked upon as trivial or even ridiculous, *e.g.*, the tendon reflex of incipient locomotor ataxy." The collective symptoms, detailed as nearly as possible in their natural sequence, constitute the working material of homœopathic therapeutics. These desiderata are being presented in a more and more complete form in such elaborate records as those issued by the Hahnemann Publishing Society, and recently in the *Cyclopædia of Drug Pathogenesis*.

Considering the difficulties which necessarily attend the working out of the homœopathic method, it is strange that so much dogmatism has been imported into the discussion of the subject by a limited section of our school. Just as a distinguished exponent of art seems to find in the works of his favourite painter more than the great artist probably intended to express, so it may be that a like enthusiasm has influenced some of our Transatlantic

*confrères* in their interpretation of Hahnemann. But it is much to be regretted that the subtleties of a few modern interpreters should have involved his teaching in controversy. The details of our method are so intricate that experience in practice is the only reliable test; and latitude of opinion might surely be allowed, inasmuch as we are endeavouring—albeit by somewhat different paths—to attain the same results, and to develop the resources of homœopathy to the fullest extent.

The pathology of a case, in its widest sense, includes every deviation from health whether in objective morbid changes, physical signs or subjective symptoms, and also the clinical history. This was assuredly the position of Hahnemann, notwithstanding the distorted view of his teaching on the subject, so often presented by adverse critics. It is, however, on the relative significance of these pathological data that divisions are chiefly maintained. The true solution would appear to lie between the two extremes; and whatever differences may exist among us upon other points, I think there is a general concurrence in the view that the real import of symptoms can only be interpreted by the aid of pathology. For example, we are thus enabled to distinguish between the pain of colic and that of enteritis. In the former case the signs of inflammation are absent, the skin is cool, the pulse not accelerated, and the heart's impulse rather subdued than augmented; the pain alters its position and is not aggravated by pressure. In the latter, all these conditions are reversed, and the inflammatory origin of the symptoms is manifest at an early stage. Such considerations necessarily determine our treatment within certain limits, although the indications thus derived have reference only to the broader clinical phenomena. For the neurosis of the bowel would point to such medicines as *nux vomica*, *plumbum*, *lycopodium* or *colocynth*, whilst the inflammatory condition would probably require *aconite*, *arsenic*, *mercurius corrosivus* or *veratrum album*. At the same time the drug selection would of course depend upon the special features of each case, as the concomitant symptoms have to be carefully studied in relation to the local disorder.

The phenomena of disease are so inconstant that we need not expect uniformly to meet with cases in which it is possible to attain the complete similitude between the

symptoms and the pathogenesis of a medicine. But in studying minutely the morbid state presented by our patient, attention is not infrequently arrested by some peculiar subjective symptom or characteristic which points definitely to certain remedies. Although the importance of these so-called keynotes has perhaps been unduly emphasised by some practitioners, yet there can be no doubt that clinical experience has to a large extent confirmed the accuracy of such data. It is indeed on the characteristic relations which exist between natural disease and drug disease that our method is based. When we compare the two series of phenomena as presented in disease and in provings of medicines, marked symptoms are sometimes found clearly to indicate the analogy, as, for instance, the cold, damp feeling of the feet so commonly met with in the subjects of strumous disease, and which is also one of the characteristics of *calcareo carb.* Such symptoms, whatever be their exact physiological explanation, point to certain constitutional states or types of disease, the medicinal analogues of which are found in our pathogeneses. Thus, in *calcareo* we have the analogue of the whole group of morbid phenomena peculiar to the strumous diathesis; and the most different forms of local disease are observed to yield to the remedy selected on constitutional indications. But if it be objected here that such relations between the subtle phenomena of disease and drug action are not explained by physiology, we can only reply that they are none the less important from the standpoint of therapeutics. The following case (typical of others which might be cited) serves to illustrate this point.

On November 3rd, George S., æt. 4½ years, was brought to me by his mother, who stated that the skin affection from which the boy was suffering, began two years ago in the form of red spots on different parts of the body. The child had been under treatment (old school) during the past year without benefit.

*Present state.* On the skin of chest, abdomen and back, are distributed numerous dry, red, scaly, slightly thickened patches, mostly circular in form, and varying in size from that of a crown to sixpence; the eruption being nearly allied in characters to the nosological type *psoriasis guttata* or *diffusa*, but scarcely so thick and scaly

as these forms. On the limbs and face are similar patches (rather smaller), and the scalp is covered with branny scales, thickly accumulated amongst the hair, which is dry and brittle. The mother considered the boy's general health fairly good, but remarked that his appetite was variable, at times ravenous, and his feet always felt cold and moist. I detected signs of struma in the ill-nourished aspect, harsh, sallow skin, enlarged lymphatic glands and prominent abdomen. Prescribed *calcareo carb.* 30 night and morning; skin to be washed with soft soap, and afterwards anointed with vaseline.

November 10th. The patient looks better; eruption rather less scaly. Continue.

November 17th. The larger patches are fading, and no fresh spots have appeared. There is itching of the skin, worse during night. Bowels constipated. Ordered *sulphur* 30, night and morning.

November 23rd. Itching greatly relieved; bowels now regular. The patches of eruption are gradually fading, and general cutaneous surface is more healthy; scalp much less scaly. Discontinue medicine for three days, and then to resume *calc. carb.* 30 night and morning.

December 8th. The skin is much improved, some patches on chest and abdomen hardly distinguishable.

December 15th. Skin is almost free from eruption, the surface being soft and natural in colour.

December 22nd. Every trace of the disease has disappeared, and even the scalp is clean and entirely free from desquamation. There was marked improvement in the general health and aspect of the patient, concurrently with the disappearance of the skin affection.

The *rationale* of drug action in this case is somewhat obscure, and yet it is precisely such results which exhibit the characteristic medicinal power, and serve to confirm Hahnemann's estimate of *calcareo* as one of the most widely applicable of constitutional remedies. But the special features in its action, on which the therapeutic application is based, were ascertained and defined independently of physio-pathological explanation. The entire *Materia Medica* of Hahnemann, indeed, was constructed on the same lines; for he clearly recognised that therapeutics must rest on some more secure foundation than the shifting sands of pathology. And, therefore, the homœopathic method has proved its adaptability to the

ever-changing conceptions of disease. Whilst theories regarding the nature of morbid conditions are modified from time to time, or become obsolete, our method remains the same in its essential principles.

Further, in regard to the foregoing case, it may be worth remark here that we know very little of the pathological relation between the skin symptoms and the mal-assimilative diathesis (struma) beyond the fact of their inter-dependence. We are unable to analyse the intricate connection; nor can we explain why the strumous tendency expresses itself in one case by skin affections, in another by ophthalmia, or in a third by glandular inflammation. These questions are still amongst the enigmas of pathology. But it is obvious, from the frequent reference in the works of Hahnemann to the constitutional state as a factor in local forms of disease, that etiology was by no means overlooked in his practice. "The psora theory rightly viewed," observes Hayle, "was nothing more than a recommendation to inquire into the deep-seated etiological relations—an inquiry extending necessarily into the remote past." This doctrine, which was misunderstood for a long time, has been re-issued under the modern designation of "dartrous diathesis" by French authors. Thus, as often, the rejected of one generation becomes the orthodox possession of the next. The constitutional origin of chronic disease (especially skin affections) was one of the leading ideas of our great therapeutic teacher, and his views on diathesis appear to me identical with those which are now universally accepted by observant physicians. That so-called local affections are mostly of constitutional origin is indeed proved by the fact that the same exciting cause will produce quite different effects according to the predisposition of the individual. The morbid condition may thus be regarded as the resultant of two factors, internal and external; and this is true even of parasitic disease, for we know that unless the soil be favourable fungi prove sterile. According to Hardy, the persons most susceptible to parasitic skin affections are those who are exhausted by want or disease, these patients being aptly compared to decayed trunks of trees, the favourite habitat of fungi. It was doubtless upon such clinical facts that Hahnemann founded his doctrine of chronic disease, and employed



that much-maligned expression "psoric habit" simply to indicate the general condition of lowered vitality which predisposes to morbid changes. Hence also the importance attached to constitutional remedies such as *calcarea*, *sulphur* and *lycopodium*. And our experience proves that many lesions apparently dissimilar in local features, yield to the influence of the same constitutional medicine. When we have fully mastered the curative sphere of the great polychrests, I believe that we shall not be far from the achievement of the best results attainable by any therapeutic method.

It is well-known that eczema and allied skin affections are in most cases only the outward and visible signs of some constitutional tendency such as gout or rheumatism. Again, we find attacks of asthma, or of dyspepsia, alternating with cutaneous affections in such a manner as to indicate their dependence upon the same cause. The bronchial or gastric lesion would appear to be substitutive of the skin disorder; and the remedy in such cases is determined by the constitutional state. But some symptoms are of such a general character in cutaneous disease, and similar effects are recorded under so many medicines that the difficulty consists in obtaining definite indications. Thus sensations of heat and itching attend all the inflammatory conditions of the skin; and objective symptoms resembling eczema for instance, are found under at least a score of medicines. How then are we to select the most appropriate remedy? By a careful study of the constitutional as well as local peculiarities.

In our view of the clinical indications, pathological anatomy—however minutely known—is often inadequate, because the same morbid process may exist in most dissimilar cases. For instance, we know that inflammation which seems uniform and definite in its phenomena, is greatly modified in type by diathetic conditions. The inflammatory process may be one of morbid nutrition, as well as of disordered vascular action; and whilst the changes appear similar, there is considerable diversity in the clinical results. The local affection may originate in abnormalities of the blood, blood-vessels, nervous system or tissues, but is also the reflection of the constitutional type. In founding our analogies therefore on the general pathology of the case, and the characters of a medicinal disease, we have to see that the points of comparison are



accurate. It is necessary to bear in mind that many of the terms used in pathology, only indicate theoretically the processes which have taken place. These terms are simply names for more or less vague notions of diseased states.

The morbid action may have been antecedent to any structural change ; and even in apparently simple forms of disorder, the exact sequence of the phenomena is not easily ascertained. The names of diseases in many cases express rather the results of morbid action than the process itself. And the same nosological group often comprises cases which present superficial resemblances, and yet differ essentially from one another in the type of disease. The deeper significance of the same objective features, is manifest when we investigate the fundamental character or diathesis which underlies the various elements of the case. From the symptoms of medicinal diseases, we endeavour to construct a type corresponding not merely to the objective phenomena, but also the entire morbid state.

The aim of our method then is to find the type of drug disease most similar in all its aspects to the natural disease in the case before us, and if we can discover the complete analogue of the latter in the *Materia Medica* we shall have reached the ideal standard of accuracy. Clinical experience, however, proves how difficult of attainment is such precision, and hence the tendency to resort to empirical or routine medication ; and I would remark *en passant* that it is as easy to fall into routine in practising the new as the old therapeutics. Finding the indications vague and uncertain, we are apt to generalise, and this the more readily because partial amelioration may not infrequently be thus obtained. In some cases it is almost impossible to differentiate the organs or tissues affected, and we can only form an approximate idea of the morbid state. Thus the protean symptoms met with in the conditions included under the general term dyspepsia are but imperfectly explained by physiology. The infinite variety of subjective sensations arising from sympathetic derangement seem to depend upon individual peculiarities which elude pathological analysis. Yet these confused symptoms are capable of being traced to certain areas of disturbance, and the general character

of the morbid process partially defined. Having thus arranged the symptoms in groups, it will be found that corresponding series of phenomena are presented in drug pathogeneses. In this way the various types of disease are rendered more intelligible from the side light thrown upon them by the physiological action of medicines in producing similar derangements. Take for example the complex symptoms presented by *lycopodium*, from which we can not only map out the sphere of the medicine in functional and organic deviations, but also to some extent elucidate the various phenomena.

Thus Carroll Dunham has shown that the obscured mental faculties indicate impairment of brain power partly as the result of slow and enfeebled digestion (on which the sleepiness after meals also depends), and partly from diminished nervous energy. The leading symptom of the drug, namely excessive production of flatus, accounts for the aching pain on pressure over the hypochondrium and liver. The pains in back and kidneys, as also the aching in limbs and joints, are doubtless indirectly due to the abnormal production of lithic acid, which again is intimately connected with gastric and hepatic affections; the aggregate of symptoms being clearly analogous to certain arthritic states of the system. And in the latter diathesis, the morbid phenomena are of the same type as those of the drug. Thus we have outlined in the pathogenesis, the leading features of the medicine, although we cannot follow all its ramifications nor explain physiologically its subtle influence on the ganglionic nervous system and the vital functions.

In like manner we know that *sulphur* is related to various congestive phenomena, the inflammatory process in this case, being one of morbid nutrition; and accordingly the remedy finds its appropriate sphere in abnormal conditions of the blood, lymphatics and venous system. When, therefore, we meet with apparently local disorders characterised by this type of inflammation, although the pathology may be in other respects obscure, we often find the whole case cleared up by that great constitutional remedy.

In thus tracing the relationship of medicines to morbid changes, the physiological analysis throws some light on drug characteristics. For instance, the pain aggravated on movement, which is one of the peculiarities of *bryonia*,

is partially explained by our knowledge that the essential feature of the drug disease is excitement of the vascular system and sentient nerves. But the finer shades of drug action on which the homœopathic application mainly depends, are by no means fully explained. I refer to such indications as those derived from the occurrence of symptoms on the right or left side, conditions of aggravation or amelioration, and above all, mental characteristics. These distinctive peculiarities are, in many cases, the central indications, around which the other symptoms are grouped, *e.g.*, the restlessness and anxiety pointing to *arsenic* as the complete simile in a case, although the pathological lesion might not *per se* have suggested that medicine. Again, how often we find the left-sided ciliary neuralgic pain of *spigelia* distinctly associated with the other symptoms, such as cardiac palpitation, aching in the joints and general anæmic state for which this drug is the true analogue. The deeper significance of apparently local symptoms, is brought strikingly before us in the medicinal action.

By elucidating such organic relations on a physiological basis, Carroll Dunham, Hirschell, Hughes and other able workers in the same field, have accomplished results which merit our admiration and gratitude. There can be no doubt that many have been attracted to the study of homœopathy by their clear expositions, who would have been repelled by the confusing array of symptoms met with in some of the earlier works which present only "a mighty maze without a plan." We cannot too highly estimate the service thus rendered to the cause of scientific therapeutics. Whilst fully acknowledging the utility of physiological *Materia Medica* in its own sphere, it must nevertheless be remembered that the special actions of drugs on which their homœopathic use was accurately based, were originally deduced from the provings alone (*i.e.*, without physio-pathological commentary). And although the physiological account of the specific relation of medicines to organs or tissues, renders the *modus operandi* more intelligible, yet it has been amply demonstrated in the past, that such data are not essential to the success of the homœopathic method which "is based on no theory of the action of drugs." If we had to await the scientific explanation of many characteristics of our medicines before employing them in practice, our

therapeutic resources would indeed be curtailed. At the same time we readily admit that the more accurate our knowledge becomes of physiological *Materia Medica*, the more complete will be our equipment. But the practice of medicine must ever be in one sense empirical; for with all our analysis of drug action we cannot get beyond ultimate facts, and there will remain elements of obscurity so long as the nature of life itself is amongst the unsolved problems.

Modern methods of research have extended our knowledge of pathology by affording facilities for accurate observation. The introduction of such instruments as the ophthalmoscope and laryngoscope, has opened up a wide field previously unexplored. In many conditions we had formerly to depend upon the symptoms of functional disturbance alone, whereas these have now been traced to definite morbid changes in the deeper structures. To the exactness of such knowledge we are indebted for valuable indications, although it may be here noted that the objective phenomena are sometimes inadequate by themselves to determine either the diagnosis or treatment. Thus for example, the ocular conditions giving rise to pain, photophobia and impaired vision are, in many cases, not discoverable by the ophthalmoscope; and the clue to these abnormalities is found only by careful subjective examination. The eye symptoms may indeed be of such a nature as to point to more remote lesions, and, therefore, form only part of a complex morbid state indicating certain lines of medication. The subjective and objective symptoms are therefore equally utilised in working out the therapeutics of the case by our method. For it is obvious that in ascertaining the *similia*, we have to do with these data in their collective aspect. The factors which make up the morbid state, as well as the changes resulting from diseased action, are therefore fully considered in the selection of the appropriate remedy. It is a striking confirmation of the inductive method of drug selection that modern advances in pathology have not invalidated its premises. The light that has been thrown on objective phenomena has only extended our view of the morbid lesions which were already prefigured as it were by other signs in the records of medicinal disease, *e.g.*, the eye symptoms of *belladonna*. The specific relations of medicines to certain pathological

conditions are thus more clearly apprehended, but the general symptoms of these morbid changes were previously associated in our minds with the same remedies.

Whilst emphasising the general or subjective symptoms, it is nevertheless in full accordance with our method to regard the physiological aspect of a case in all its bearings. Diseases of the heart, and consequent deviations from health in other organs, afford illustrations of cases in which the aid of physiology is indispensable.

From our knowledge of the normal relations existing between the functions of different organs we are enabled to interpret the meaning of symptoms and the order of pathological changes. Thus we understand the connection between valvular disease of the heart and hepatic congestion as the almost invariable result. So likewise of the anasarca, which is one of the consequences of over-filling of the venous system, from any impediment to the circulation. By the same light we connect the different links in the chain of morbid processes leading to obstructive engorgement of the kidney. In treating such conditions, for instance, as the gouty vaso-renal changes of advanced life, it is only by keeping pace with physiology that medication can be satisfactorily conducted, for without such knowledge we should be unable to comprehend the inter-dependence of high arterial tension and cardiac hypertrophy, or intelligently to compare the symptoms with those of medicinal agents. In such cases a clear preception of the physiological derangement is obviously requisite and preliminary to the adoption of any line of treatment. From this point of view we may attach more weight to the objective signs of functional deviation than to subjective symptoms as clinical indications. But in thus adapting our method to the special requirements of each case, we are by no means departing from the homœopathic principle. For the physical signs by which we discover morbid changes in the organs or systems, constitute integral parts of the aggregate of symptoms on which our medication is based. We may indeed avail ourselves of all the resources of the therapeutic art in dealing with organic disease. There are assuredly no inflexible limits as to the dose or its repetition in cases in which the physiological aberration is the most prominent factor.

In treating organic lesions, I think it happens sometimes that a remedy, the selection of which was based mainly upon subjective symptoms, proves also the medicinal analogue of the pathological change probably underlying these symptoms. The following case may serve to illustrate this clinical experience :—

On September 18th, Mrs. G., æt. 56, consulted me, complaining of persistent giddiness, slight faintness, and palpitation at times, shortness of breath on exertion, and occasionally an uneasy feeling when she was falling asleep, as if her heart were about to stop. The giddiness was worse in the morning when rising from bed ; she felt as if falling forward, and when standing had the sensation of swaying to and fro, aggravated by looking round. She was low-spirited and apprehensive (though naturally of a cheerful temperament). The patient was very stout, and obviously predisposed to degenerative fatty changes. On examination there were no signs of digestive or renal derangement, but the heart sounds were extremely feeble, and cardiac impulse barely perceptible. The character of the vertigo (which was a prominent symptom) indicating *phosphorus*, I prescribed that medicine in two drop doses of the 6th attenuation every four hours.

September 27th. Giddiness less troublesome. To continue same medicine.

October 6th. Decidedly improved ; free from vertigo for some hours at a time ; faintness at longer intervals ; less disturbed by arrest of heart's action when falling asleep. The cardiac impulse being still very feeble, I now ordered *digitalis* (2nd dec.) alternate days with the *phosph.*

October 22nd. Patient reports herself better in every respect ; giddiness so much relieved that she is able to go about alone. Heart sounds more distinct and impulse stronger. Continue both medicines.

November 12th. Has steadily improved ; able for more exertion ; natural cheerfulness regained ; vertigo, shortness of breath, and palpitation scarcely noticeable. To take *phosphorus* daily.

December 5th. Vertigo, dyspnœa and faintness quite removed ; cardiac action seemingly restored to normal strength.



The aggregate of symptoms in this case favours the view of cardiac debility associated probably with incipient fatty degeneration. Now, according to Dr. Hughes, there is undoubted evidence of the power of *phosphorus* to arrest the progress of the latter change in the cardiac substance. It may be objected that the *digitalis* had also its share in the result, and doubtless this medicine actively supplemented the action of the *phosphorus*, but some improvement had taken place before commencing the former remedy. The vertigo of *digitalis* is in several characters like that of *phosphorus*, and both medicines may be indicated when the disordered equilibration is of cardiac origin.

Lastly, a few words as to the arrangement of medicines in groups according to their predominant sphere of action. This classification has doubtless a certain utility in defining the general features of drug action, but it appears to me almost impracticable to any large extent in our *Materia Medica*. For the attentive study of medicines in relation to individual cases is more instructive than their abstract examination. Moreover, I am somewhat doubtful as to the expediency of approximating our methods to those of traditional therapeutics. If we diverge from the inductive method in order to supplement our rule of drug selection by physiological considerations, adverse critics are only too ready to misinterpret the motive, and to allege that the first principles of homœopathy are being thus modified to suit modern scientific requirements. The points of view of the old and new schools are so essentially distinct, that it seems to me futile to expect any real convergence, unless we are prepared, in the words of Dr. Drysdale, "to sink differences in the neutral ground of empiricism."

Adopting the terms of geology, the present may be described as a transition period, during which disintegration is going on so rapidly that it will not be easy for the future expert to discover the fossil remains of old physic amidst the accretions of a new epoch. This process of fusion is highly advantageous to empirical practice, inasmuch as the number of so-called specifics is thereby increased, but the underlying principle of drug selection is completely ignored. Whilst I would not depreciate the knowledge gained by correlating the physiological range of medicines with different morbid states, yet I venture to think that the ultimate facts of



drug action established by Hahnemann on quite other lines have proved in practice more reliable than later acquisitions. For, as Carroll Dunham well observes, "the law for the selection of the medicine expresses nothing concerning the *modus operandi* of the cure, and ventures nothing on hypothesis. It is as bare and general a formula as that of celestial mechanics." The position so clearly defined, rests upon the solid ground of facts, and is therefore sufficiently strong in itself to be maintained even without the adventitious support of physio-pathological data. The latter considerations, however, are singularly useful to those modern exponents of the practice of medicine who, while affecting to ignore homœopathic teaching, have at the same time adopted its results and claimed the merit of the fresh impetus thus given to therapeutics. In the dawn of this new epoch the source of light is dimly perceived, but it cannot long be hidden. The homœopathic principle, like every induction accurately based on scientific fact, must ultimately obtain complete recognition; and, steadfast in this belief, we may confidently await the slow evolution of truth.

#### DISCUSSION.

Dr. BORN (presiding) said they had one and all heard with very great pleasure the able and philosophical paper which Dr. Pullar had read to them, and he would at once ask them to discuss it.

Dr. DUDGEON agreed in the main with Dr. Pullar. He considered that it would be very desirable to know the exact pathological meaning of symptoms, and for some years back he had been making desultory attempts in this direction, but the difficulties of constructing a perfect semeiology were immense, and he feared they were beyond the powers of any single worker. However, he thought that this was the direction in which it was desirable to work, in order to place our therapeutics on a firm scientific basis.

Dr. CLARKE said he gathered that Dr. Pullar valued symptoms more than pathological conditions and explanations; and he (Dr. Clarke) must say that the more he knew of his drugs, the more he was guided by symptoms, and the less by pathology. Dr. Clarke instanced a case of pleurisy with fever of the *belladonna* type, where there was flushed face, bright eyes, and active delirium. The fever successfully resisted *aconite* and *bryonia*, but the whole category of symptoms yielded speedily to *belladonna*. Dr. Pullar had rightly laid great stress

on mental symptoms. This reminded him of a case he had had where a youth was subject to fits of violence of temper, alternating rapidly with fits of repentance. The illness was due to mental worry and overstrain. These were the predominating signs. He looked up the *Repertory* and found that *crocus* was homœopathic to such a condition, and the symptoms yielded at once to *crocus* 3.

Dr. HUGHES understood the drift of Dr. Pullar's thoughtful and graceful paper to be that symptomatic indications had a wider range than pathological ones in our choice of the remedy. In this he entirely agreed; though he had mainly had to contend for the opposite side of the truth. He accepted as the typical mode of homœopathising Carroll Dunham's instance of the choice of *crocus* in a case of metrorrhagia. It was one of the many which had caused such a hæmorrhage; one of the few in which (as here) the blood escaping was dark and thick; the only one which had caused the peculiar concomitant present, viz., a sense as of something alive in the abdomen. But there was a school now among us, which made up for paucity of numbers by frequency of speech, to whom it was nothing whether a drug had caused metrorrhagia, so long as there had been a feeling as of something alive in the abdomen in a prover (or patient) taking it. Prescribing on such "key-notes" sometimes made a lucky hit, but it was haphazard work. He preferred beginning at the other end, and would rather do without the (possibly accidental) concomitant than the fundamental pathological condition in the similar remedy. If a drug cause pneumonia in the healthy subject, his chances of curing pneumonia with it were greater than if he merely chose one which produced flapping of the nostrils. He thought also there was a slight want of distinction between pathological explanations and pathological conditions; the first were theoretical, the second matters of fact. Pathological facts were as much facts as were symptomatological. While expressing sympathy with Dr. Pullar, he was most anxious to guard against the opposite extreme.

Dr. A. C. CLIFTON was much pleased with the paper; it was highly interesting, and offered many points that required more consideration than could be given off hand. The subject was one which had not received the consideration its importance really deserved. In his own practice he had found himself drifting towards pathological methods contrary to his judgment of such being the best method or better than that of applying *similia* to symptoms. Some of his best and most lasting cures had been treated from the pathological standpoint. At the same time his general method of practice was from the totality of symptoms side, with the *Cypher Repertory*

in daily use, and the key-note plan to help. In illustration he called to mind cases, one, for instance, a young woman, pale, thin, irregular appetite, catamenia deficient, &c., &c., complaining of pain in the infra-cardiac region, and palpitation of the heart; the two latter symptoms were rendered worse by lying on the left side and relieved by turning to the right. Whilst hearing such symptoms, the medicines at once flashing on his mind would be *cactus*, *natrum muriaticum*, *natrum carbonicum*, *baryta carbonica*, *lilium*, &c. And round one or other of these drugs other symptoms would cluster and form completer characteristics. Whilst, however, treating from this symptom point of view, another process would be going on in his mind, *cactus* and *lilium* possessing altogether different pathological conditions almost the reverse of the other drugs, and this would influence his choice as well. It was this point he thought of so much importance, and he came as a listener to know the opinion of the Society as to how far pathology could be taken into account in prescribing.

Dr. GOLDSBROUGH said he had recently verified the symptoms in the pathogenesis of *crocus* referred to by Dr. Hughes. One patient was a girl of 15, who had been suffering from metrorrhagia for eight or nine days, and the special symptoms of dark, clotted blood, with a sensation as of something alive in the abdomen were very marked. It appeared to him, that if Dr. Clifton's wishes were to be realised, we must have a final explanation of the *modus operandi* of drug action. In default of this, some practical outcome of the relationship of the homœopathic rule to pathology might possibly be made use of. It was essential, in the first place, to be quite sure that we possessed facts both in the symptomatology of drugs, and in pathology. These being secure, in treating a case where certain symptoms had long since gone by, and only certain pathological facts remained, if the invariable sequence and dependence of these had been previously ascertained, might they not become valuable indications for drugs, under whose action in health the symptoms alone had been observed?

Mr. KNOX SHAW recognised fully the value of the paper and the importance of the subject, but was obliged to confess to some little disappointment as to the treatment of it, which seemed to him to put too great stress upon the question of the relationship of homœopathy to symptomatology, and not to pure pathology. He also entered a slight protest against a too rigid hunt after symptoms, a practice which sometimes laid them open to the attacks of enemies, and occasioned a loss of time, which might be better devoted to some more practical even though empirical, line of treatment. It reminded him of the case of a homœopathic doctor who suffered acutely

from an abscess in the perinæum, which a colleague had wasted much time over by patiently hunting for the accurate similar, but which the patient insisted on having opened, an operation which quickly relieved him.

Dr. EDWARD BLAKE thanked Dr. Pullar for an intellectual treat, but could not tell how homœopathy was to be interpreted, except through pathology, especially as he could imagine no difference between pathology and morbid change. If, as Hahnemann was one of the first to teach, all mental and sensational changes depend upon change of tissue, then they were that evening simply arguing in a circle. Whether the changes could be estimated by our conditioned and most limited senses was quite another thing. Whether treating symptomatologically or pathologically, one really did the same thing. In the interesting case of cardiac vertigo, possibly no treatment could have been better, yet he was rather surprised to hear nothing of *lachesis* and *pulsatilla* in that case. With regard to the anatomical basis of homœopathy, Bœnninghausen's endeavours to place it on a regional scheme had not proved a brilliant success. Mere organopathy was too bald and meagre; was not plastic enough for the infinite and unlimited variety in pathologic presentiments.

Dr. DYCE BROWN remarked that this important subject was often obscured owing to a confusion of terms, pathology and morbid anatomy being mixed up together, and these with symptomatology. Under the head of symptoms he included not only subjective symptoms, but also all objective ones—in fact, whatever indications could be obtained by careful physical examination. This was Hahnemann's view. Although the beau ideal of treatment is that of a pathological basis, yet this is at present impossible, pathology involving theory in so many instances. Our only reliable basis for prescription at present being symptomatology in its widest sense, as he had defined it.

Dr. GALLEY BLACKLEY said he could not help echoing a remark made by a previous speaker, viz.:—that it would be well in the case of papers of so philosophical a kind to have the heads of the discussion sent round to members beforehand, thus giving them an opportunity of thinking the question out before coming to the meeting. He (Dr. Blackley) could not help saying that a great deal of confusion had got into homœopathic literature as to the use of the term "pathology" which ought to be held quite distinct from "morbid anatomy," the latter term being really the complement of "healthy structure," whilst "pathology" was the complement of "physiology" or "healthy function." Pathology dealt with the *ensemble* of symptoms, it had nothing to do with morbid anatomy. There

was also great necessity for bringing down the scattered symptoms into something like order. They had every encouragement to deal with such difficulties from the constant discoveries of modern medicine, that *symptoms* are accompanied with changes of "*structure*." In the *post mortem* examinations of lunatics, for instance, it was found that nearly all recognised forms of mental disorder were due to structural changes. The morbid anatomy and the pathology of these should form a harmonious whole. Certainly in skin affections there were very good reasons to think they would be similarly rewarded by a study of symptoms and anatomical changes together. Taking lupus as an example, it was only lately that he had had marked success by treating it (with *iodide of arsenic*) as a tubercular form of disease. He trusted that Dr. Pullar would follow up his able paper by a long series as philosophical and as interesting as the one they had heard that evening.

Dr. PULLAR thanked the members for their many kind expressions in referring to his paper, and felt sufficiently repaid in that it had elicited an interesting discussion on some essential points. Dr. Dudgeon's allusions to the work on symptomatology which he had had in hand made him hope that ere long they would enjoy the advantage of having it in a printed form. Several speakers had rather misunderstood his references to pathology, which he really regarded as comprising all discoverable evidences of morbid action, as Dr. Blackley had so clearly put it. The whole subject was so wide that it was impossible to adequately consider it either in a single paper or in a single discussion.

Dr. ROTH (President) said he expressed only the unanimous opinion of all the members of the Society when he thanked Dr. Pullar in their name, and invited him to continue by future papers what he had so well begun.

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## LONDON HOMŒOPATHIC HOSPITAL.

### DISEASES OF THE RESPIRATORY ORGANS UNDER THE CARE OF DR. J. GALLEY BLACKLEY.

(Continued from page 82.)

#### CASE 150.

*Acute croupous pneumonia. Acon., phos., hepar., sulph.*  
*Cured.*

Geo. S., æt. 41, glass stainer, admitted from the outpatient department into Hahnemann ward on May 31st, 1886, complaining of a severe cough, which he had had for a week past, accompanied by severe pain on deep inspiration and blood-tinged sputa. His family history was good, and he had always enjoyed excellent health.

*On admission* temperature was 103°, pulse full and hard. Right lung completely dull on percussion both in front and behind; some fine crepitation heard in upper part of lung on deep inspiration; vocal resonance increased; severe pain in infra-mammary region on deep inspiration. On left side, breathing puerile, resonance good. R. *acon.* 3x and *phosph.* 3x gttj. tert. hor. alt.; the right chest to be poulticed and a diet of milk, beef tea and farinaceous puddings ordered.

June 1st. Morning temperature 102.4°. Cough very troublesome and painful, expectoration rusty and viscid; has perspired a good deal. Did not sleep at all, as his breathing was short and difficult all night. Tubular breathing heard very loudly all over right chest; fine crepitation over apex towards end of inspiration. Evening temperature 100.4°.

The patient progressed rapidly and steadily. By June 7th the morning temperature was normal and the lung was rapidly clearing from the apex downwards; loud rhonchi with muco-purulent expectoration were present on June 9th and the percussion note was becoming steadily clearer. The previous medicines were discontinued and he was ordered *hep. sulph.* 3x grj. ter. die, with a diet consisting of fish and bread and milk. By the 14th the temperature morning and evening was sub-normal; there was still a slight difference in percussion note between the two sides. By the 17th this difference had disappeared, cough and expectoration had entirely ceased; medicine was therefore discontinued and he was allowed first diet, and he was discharged cured on June 25th.

#### CASE 325.\*

*Acute bronchitis and diarrhœa. Antim. tart., verat. alb.*  
*Cured.*

Katherine K., aged 3½, admitted into Barton Ward on September 27th, 1886, the mother stating that the child had been ill for four days with a severe cough.

*On admission*, loud, fine, moist râles were heard over both lungs; tongue was brown and dry in the centre; temperature 99.4; pulse 120; skin hot and dry. Had a slight convulsive attack, lasting about three minutes,

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\* From notes furnished by Mr. D. R. O'Sullivan, M.B., resident medical officer.

just after admission. R. *antim. tart.* 3x grj. 2 dis hor., and a diet of milk and farinaceous food. Evening temperature 101°.

September 28th. Temperature 99·2°; slept well, and takes food well; not much cough, but loud droning sounds heard over both lungs; had four rather loose greenish stools during the night. By September 30th temperature was normal morning and evening, but diarrhoea persisted, five loose light stools being passed in the twenty-four hours. On October 1st *verat. alb.* 3x gttj. 2 dis horis was prescribed, and was continued for six days, by which time the diarrhoea had ceased. *Antim. tart.* was then resumed, and the patient was discharged cured on October 20th.

#### CASE 368.

*Cancer of the liver, simulating left pleural effusion. Death. Necropsy.*

Elizabeth H., a widow, aged 56, was admitted to hospital on the 8th of October, 1886. She had enjoyed good health until the preceding May. About the middle of that month, after having nursed her son during an attack of rheumatic fever, she was suddenly seized with an attack of dyspnoea and a sensation as if about to choke. She was seen by a medical man, who pronounced the case to be bronchitis with some lung congestion. Under his care she improved slowly until the beginning of August, when she was attacked with what she called "indigestion." During the month of August she lost ground—coughed much, had no appetite, grew thin and feeble, and towards the end of the month found herself unable to leave her bed. About the beginning of September she began to experience severe pain in the left side, which remitted occasionally, but never left her entirely, the attacks becoming gradually more severe as October approached.

Her condition on admission was as follows: Vitality manifestly very low; frequent cough with scanty expectoration of frothy mucus; dyspnoea; pain referred to the vertebral border of the left scapula. Her complexion was pale and slightly cachectic. Temperature 99·8°; pulse, accelerated but not sustained, 120 beats to the minute. Body moist with slight perspiration. Examination revealed femoral dulness all over the left side



of thorax (as high as the second interspace in front), with absence of respiratory sounds, resonance, and fremitus; heart somewhat higher than normal, but not pushed over towards the right side; respirations 24 to the minute. *R. ars. 3x gtii. three hours.* Left side to be painted with *tinct. iodi. B.P.*

The case was diagnosed to be left pleural effusion.

On the afternoon of the day following admission she had a sudden attack of faintness, which lasted about a quarter of an hour, and on October 11th, as her condition was in no wise improved, Dr. Blackley inserted the needle of an aspirator between the sixth and seventh ribs, just posteriorly to the angle, but no fluid escaped.

That night patient experienced much pain until 3 a.m., and the following morning found her very weak, drowsy, and listless. *Ars.* discontinued, and *arn. 1x, gt. i.* two hours, substituted.

On October 14th, *ars. iod. 3x, gr. ii*, four hours, substituted for the *arnica*, and she improved slightly until the evening of the 15th, when the pain along the scapular border became so great that *morphia gr. ¼* was administered hypodermically—a good night resulting.

On the 16th of October *sulphur 3x gt. i.* two hours, substituted for *ars. iod.*, but with no amelioration in the patient's condition. She became steadily worse, the most notable symptoms being constant pain in the left side, dyspnoea and progressive weakness with a rapid increase in the size of the liver. By the 18th it extended fully two inches below the hypochondrium, the notch was clearly definable, and the surface and margin felt nodular to the touch. The area of liver dulness on the left side merged into the area of cardiac dulness, which in its turn merged into the general left thoracic dulness. On the 20th diarrhoea set in—seven loose stools in twenty-four hours, to combat which *ars. 3x gt. i.* two hours was prescribed. Although somewhat checked the flux persisted, five stools during the 21st, and seven again during the 22nd. Patient's small stock of vitality was rapidly exhausted by this drain on the system. On the morning of the 23rd the exhaustion was extreme; she lay in a state of semi-coma, the body bathed in a clammy sweat, temperature 96.2°, pulse 140, intermittent. She died quietly during the same afternoon. *Sectio cadaveris* thirty-six hours after death. Body fairly well nourished.

Abdominal wall prominent below the right hypochondrium for about five inches.

On laying open the thoraco-abdominal cavity, the first thing that arrested attention was the extraordinary appearance presented by the liver. This viscus was of enormous magnitude, filling up the greater part of the abdominal cavity, pushing up the right side of the diaphragm and encroaching so far upon the left side of the thorax as to have flattened the left lung against the vertebral column. The liver itself was a mass of cancerous nodules of all sizes, soft in consistence and presenting in the fresh state a prismatic play of colours. Its weight was 107 ounces.

The omentum contained much fat. Small intestine slightly hyperæmic. Kidneys and spleen congested, but small, otherwise healthy. Two or three of the mesenteric glands were filled with soft encephaloid substance.

The state of the thoracic viscera was as follows: The heart and heart sac were pushed up, the apex of the heart corresponding to the third interspace. The left lung, which appeared completely carnified, was squeezed against the vertebral column as already stated, and tightly bound down by old-standing adhesions. The right lung was healthy, and the heart, although rather flabby and thin walled, healthy as regards the valves.

Occupying the anterior mediastinum was found a nodular mass, about the size of a small orange, and proved by subsequent examination to be cancerous in nature.

The aorta arched over this tumor, which after being tunnelled by the pulmonary artery, followed the left bronchus into the substance of the left lung for some three inches. There were no disseminated nodules throughout either lung, but attached to the left costal pleura, at the level of the third rib, was a cancerous nodule of the size of a bean. With the exception of those two masses, no secondary deposits were found in the body.

*Remarks by Dr. Blackley:*—This case was first seen by me on October 7th, the day preceding admission, in consultation with Mr. Greet of the Caledonian Road, who had been attending the patient for six weeks, and having diagnosed the condition as left pleurisy with effusion, had treated it accordingly. After a careful examination,

although there were one or two unusual features in the physical signs present, I saw no reason to dissent from this diagnosis, and promised to take the patient under my care in the hospital for the purpose of aspirating the chest.

The signs mentioned above as being uncommon, were : (1) that the heart was but little if at all thrust over towards the right side, and was higher than normal, the apex beat being above the nipple ; and (2) that very faint respiratory and vocal sounds could be made out in places over the posterior aspect of the left chest, where the percussion note was apparently completely dull, resembling, in fact, the signs commonly met with where recent effusion is co-existent with old-standing adhesions. The negative result of the aspiration lent some colour to this view of the latter condition, and I was prepared to aspirate a second time, when a complete examination of the chest revealed the existence of the hepatic enlargement. All difficulty was of course cleared up by the autopsy. The lung was bound down to the chest wall behind by old adhesions—hence the pain referred persistently to the spot between the scapula and vertebral column—and a very thin stratum of highly compressed lung intervened between the dull mass of the liver and the chest wall. It was somewhat surprising that, with such extensive disease of the liver, the patient exhibited during life no signs of jaundice, no pigmentation of the skin or conjunctiva, nor blanching of the fæces.

#### CASE 406.

*Acute bronchitis. Ant. tart., hepar. sulph. Cured.*

John A., a commission agent, aged 62, stoutly built, was admitted to hospital on the 30th of October, 1886. He stated that he had suffered from winter cough during several winters, but had never been so bad as now. He had been ill during the preceding fortnight, and was in a very weak state indeed on admission. Both lungs affected with acute capillary bronchitis; fine moist crepitus all over; urgent dyspnoea with orthopnoea; face cyanosed; extremities cold and clammy; face anxious, and covered with cold sweat; and no power to cough up the tenacious mucus which clogged the lungs. Heart's action very feeble, pulse almost imperceptible at the wrist, temperature sub-normal, tongue flabby and coated with white fur. A grain of *ant. tart.* 3x ordered every

hour. Jacket poultices to the chest, and the steam kettle to be kept going inside his bed-curtains. Marked and rapid improvement followed. The temperature gradually rose, the breathing became less embarrassed, and patient began to expectorate pretty freely. Sputum very purulent and containing but slight admixture of air. *Ant. tart.* continued until November 8th, when the persistent purulence of the sputum called for *hepar sulph.*, a grain of the third decimal trituration ordered every second hour. Its action was most beneficial. The character of the sputum improved—less purulent, more ærated—but still profuse. Patient continued to improve steadily; slept well, although he still suffered from orthopnoea and had to be constantly propped up in bed.

By November 10th the left lung was comparatively free, and the right lung yielded only coarse moist rales. Returned to the *ant. tart.* 3x grj, every four hours. With the exception of a sharp intercurrent attack of diarrhoea, the patient improved steadily under this treatment. All the bad symptoms disappeared; the dyspnoea yielded; the orthopnoea disappeared; the heart's action became steadier; the lungs cleared; the cough and expectoration diminished, and he was discharged on Christmas Eve, cured.

*Remarks*:—The selection of a remedy in this case was a comparatively easy one; the weak pulse, the low temperature, cold sweat, furred tongue, cyanosis, and evident signs of pulmonary congestion, with scanty difficult expectoration, pointed at once to *tartar emetic* as the remedy, and the relief given by it was prompt and steady. *Hepar sulph.* was prescribed when the sputa became thick and purulent, as there seemed a likelihood of the presence of an old dilated bronchus, but the completeness of the recovery rather negatived this supposition.

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### DR. LAUDER BRUNTON'S EXPLANATION.

In our last number, we were only able to allude, and that but very briefly, to the appearance of the third edition of Dr. Lauder Brunton's *Pharmacology, Materia Medica and Therapeutics*, with its additional preface, in which we had been promised a discussion of various criticisms of earlier editions, and an expression of the author's opinions

regarding homœopathy. *The Lancet* attached so much importance to Dr. Brunton's opinions on homœopathy as to devote a leading article to their consideration. If we cannot look upon them as important, we certainly cannot consider them as devoid of interest, when we reflect that they are the opinions of one who has written a book on therapeutics, in which the major part of all that is novel or of service to the practitioner of medicine has been originally derived from the study and practice of homœopathy; when we remember that, had it not been for the work of Hahnemann and of those physicians who have followed in his footsteps, more than thirty per cent. of the applications of drugs mentioned therein in an *ex cathedrâ* manner would in all probability never have been heard of.

Dr. Brunton first of all explains the sources whence he compiled his *Index of Diseases and Remedies*, and then informs us as to what he thinks of homœopathy.

After alluding to sundry alterations in this new edition, the preface proceeds as follows:—

“The *General Index* has been carefully revised. The *Index of Diseases and Remedies* has been revised to a certain extent, but it still remains a mere skeleton of what it ought to be. It is little more than a list of drugs which have been recommended by somebody or other at some time or other in the treatment of certain diseases. In a few instances the conditions supposed to indicate the use of one drug in preference to another have been given, but I have not yet been able to sift the statements which have been made regarding the different drugs. The only use of the *Index* at present is simply to remind the practitioner who is treating a disease of the names of drugs which have been used or proposed as remedies for it. Thus, under the head of hydrophobia, I have mentioned a number of remedies which have been used or proposed because those who may have to treat a case of this disease may wish to try some remedy, although my own experience leads me to think that almost all well marked cases will have a fatal issue whatever the drugs employed may be.

“The idea of a *Therapeutic Index* was taken from that in Ringer's *Therapeutics*, and I wished to make one still more full and complete by comparing his *Index* with those of Bartholow and H. C. Wood, with Waring's *Therapeutics*, and with the wonderful *Medical Digest* of Dr. Neale. After I had begun to do this, I found that a similar idea had occurred to Dr. S. O. L. Potter, who had already published an *Index of Comparative Therapeutics*, in which he gave a list of remedies taken

from the works of Aitken, Bartholow, Niemeyer, Phillips, Piffard, Ringer, Stillé, Tanner, Trousseau, H. C. Wood, Waring, and some others. After finding that Dr. Potter had already compared together more works than I expected to do, I used his list, along with Naphey's *Medical Therapeutics* and Neale's *Medical Digest* in preparing my *Index*. I was unable, however, even with the aid of these works, to make the *Index* anything more than a mere list of names, excepting in a few instances. So imperfect was it, indeed, that up to the last moment I intended to cancel it, and would have done so, had not a case occurred in my own practice which showed me that even a mere list of drugs may sometimes be desirable. I was not unmindful of the old adage that "fools and children should not see half-done things," but I felt confident that the majority of my readers would not belong to either of these classes, and so I allowed the *Index* to remain. My intention to cancel it, however, led me to omit an acknowledgment of my indebtedness to Dr. Potter, and I have pleasure in acknowledging it now.

"My use of Dr. Potter's book has led me to include in the *Therapeutic Index* one remedy which the homœopaths claim as theirs. His book contains a list of remedies taken from homœopathic works as well as from those I have already named. The two classes of remedies are kept apart in different columns; but I find that, in one instance at least, the amanuensis whom I employed to copy out a number of the drugs from Dr. Potter's book has made a mistake in the column, and has taken *apis* as a remedy for tonsillitis from the homœopathic column. To the best of my knowledge this is the only remedy I have taken from a homœopathic source. If any other remedies claimed as 'homœopathic' have been introduced, they have, I think, been copied from the works of one or other of the authors already mentioned, and in Dr. Phillips's work there are some remedies mentioned without references. But as I intended up to the last moment to cancel the whole list, my revision of it was hasty and imperfect; and as I omitted to expurgate *apis* I may also possibly have overlooked other remedies. If any such omission has occurred I am sincerely sorry, and I can assure the homœopaths that it is perfectly unintentional. Perhaps it may be well to take this opportunity of saying a few words in regard to homœopathic remedies and homœopathy generally.

"The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug does not constitute it a homœopathic medicine, for this rule was known to Hippocrates, and the rule *similia similibus curantur* was recognised by him as true in some



instances. But Hippocrates was not a homœopath, and he recognised the fact that, while this rule was sometimes true it was not invariably so.

“It seems to me that in founding the system of homœopathy Hahnemann has proceeded with his facts as he did with his medicines—diluting his active drugs with inert matter and diluting his facts with much nonsense.

“In what I am about to say I may be to some extent open to correction, for I cannot claim to know his doctrines so thoroughly as those who believe in and follow him. So far, however, as I know his doctrines, it seems to me that they consist in raising the rule *similia similibus curantur* to the rank of a regular law; in claiming a curative power for infinitesimal doses, and in believing that the diminution in the dose of the drug was made up for by the potency conferred upon it through prolonged trituration. It is no doubt true that in some instances the power of a drug may be increased by trituration, inasmuch as fine subdivision either makes it more easily absorbed or alters its chemical composition, as in the case of mercurial compounds, where the prolonged exposure to the air and friction involved in the trituration may greatly increase the power of the drug by oxidising it, and changing it from a mercurous to a mercuric salt. But in both cases the increased activity conferred upon the drug is strictly limited, although it may be great in the case of the *salts of mercury*. To suppose it to be exerted *ad infinitum* is sheer nonsense, and the absurdity of infinitesimal doses has been so often demonstrated that it is useless to say more about it.

“I think one is justified in describing Hahnemann's experiment with *cinchona bark* as the foundation stone of his doctrine of homœopathy, for Dr. Nankivell, in his Presidential Address to the British Homœopathic Congress at Norwich, says, with regard to the action of *quinine* in ague, that ‘it was this very instance of successful empirical treatment of specific medicinal action that led Hahnemann first to investigate the actions of drugs on the healthy human frame, and thus to lay the foundation of the most complete and lucid system of scientific therapeutics that the world has yet seen.’ But I have shown in the body of this work (p. 52) that, although Hahnemann's observations were in all probability perfectly correct, the conclusions he drew from them were utterly erroneous. But there is another side to the question, which I think it is only fair to consider also: While Hahnemann's theory was certainly bad, there can, I think, be little doubt that he, like Paracelsus and Priessnitz, has done good service to medical practice. Paracelsus gathered information from shepherds, wise women, and quacks of all sorts, and



thereby obtained a knowledge of popular remedies not generally employed by the profession, but which were nevertheless useful.

“Priessnitz did not invent the use of cold water as a remedy, for it was known nearly eighteen hundred years before his time. Musa saved the life of Augustus by the cold bath, but, not knowing exactly how and when to employ it, he killed the nephew of the emperor by it, and such failures brought the treatment by water into discredit. Priessnitz revived it, and now in the use of cold sponging, wet packs, baths, and douches we have a powerful means of treating fever and curing disease. Hahnemann also did good, and the system which he founded has done great service by teaching us the curative power of unaided nature, the use of diet and regimen in treating disease, and the more than inutility, the actual hurtfulness, of powerful drugs in many instances. The physician is bound to do the very utmost he can for his patient, and his very anxiety has frequently led him to do harm. He has been afraid to leave the cure of disease to nature, and by the administration of powerful drugs has frequently injured instead of benefited his patient. The use of infinitesimal doses which could not affect the body of the patient one way or the other, but kept the mind of both patient and physician easy and allowed the *vis medicatrix nature* free scope, has helped us to a more perfect knowledge of the natural course of diseases. The use of infinitesimal doses has also led to much care being bestowed by those who use them upon diet and regimen. When a physician administered a large dose of *tartar emetic* or of *salts and senna*, he knew that his remedies would produce vomiting or purgation respectively with considerable certainty, whatever the diet or regimen of the patient might be; but the case was quite different with infinitesimal doses. If a patient was being treated with *carbo vegetabilis* in the thirtieth dilution, the utmost care was necessary in regard to his diet, for if he happened to eat a single piece of burnt toast at breakfast, he would consume at the one meal as much vegetable charcoal as would, when properly diluted, have served him for medicine during the remainder of his natural life.

“Moreover the homœopathic practice of giving only one drug has tended greatly to diminish the practice of polypharmacy, and the tinctures, powders and globules they employ show us a good example in regard to the administration of remedies in an agreeable form. But although this mode of practice may be employed by homœopaths it is not homœopathic. We are not homœopaths, because we use a single drug at a time and give half-an-ounce of *infusion of digitalis*.

to a patient suffering from heart disease, without thinking it necessary to mix it with *broom*, *squill* or *spirit of nitrous ether*. Nor are we homœopaths because we use 1-50th of a grain *digitalin* instead of the *infusion of digitalis*. Nor are we homœopaths even if we get a manufacturing chemist to make up the *digitalin* into a globule with a quarter of a grain of *sugar of milk*, instead of with five grains of *extract of liquorice*. Nor do we become homœopaths merely because we may employ a small dose instead of a large one, and begin with ten drops of the infusion of *digitalis* instead of half-an-ounce. It is not the use of a single drug at a time, of a small dose, of a globule, nor even, as we have already seen, of a drug which may produce symptoms similar to those of the disease that constitutes homœopathy. The essence of homœopathy, as established by Hahnemann, lies in the infinitesimal dose and the universal application of the rule *similia similibus curantur*. But the infinitesimal doses are so absurd that I believe they have been discarded by many homœopaths. To such men all that remains of homœopathy is the universality of the rule *similia similibus curantur*, and the only difference between them and rational practitioners lies in the fact that the latter regard the rule as only of partial application. At first sight this difference may seem to be only slight, but it is not so in reality, for while the rational practitioner, refusing to be bound by any 'pathy,' whether it be allopathy, antipathy, or homœopathy, seeks to trace each symptom back to the pathological change which caused it, and, by a knowledge of the action of drugs on each tissue and organ of the body, to counteract these pathological changes the homœopath professes to be in possession of a rule which will enable him to select the proper remedy in each case by a consideration of the symptoms, without reference to the pathological condition. He may thus dispense with anatomy, physiology, pathology and pharmacology. All that is necessary is a list of morbid symptoms on the one hand and a list of the symptoms produced in healthy men by various drugs on the other.

"It is the falsity of the claim which homœopathy makes to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery, yet this arrogant claim constitutes the essence of the system, and the man who, leaving Hahnemann and going back to Hippocrates, regards the rule *similia similibus curantur* as only of partial and not of universal application, has no longer any right to call himself a homœopath. Yet we hear some leading homœopaths say, 'We do not claim any exclusiveness for our method,' and then complain that

they are excommunicated by the medical profession. If they have renounced the errors of Hahnemann's system, they ought not to retain its name, but frankly acknowledge their error and return to rational medicine, of which Hippocrates is regarded as the father. As a medical man is bound to do his utmost for the good of his patient, it is obvious that, although he may employ baths or packs as a mode of treatment, he cannot, without becoming untrue to his profession, throw aside all other means of treatment and become a hydropath; nor can he consult on equal terms with those who, either through ignorance or wilful blindness, deny the use of other means of cure and limit themselves to the application of water. What is true of hydropathy is true of homœopathy. I dislike controversy extremely, and should not have taken up so much of the preface with controversial matter had I not been forced to defend myself by the attacks which certain homœopaths have made upon me."

The first thing that strikes us about Dr. Brunton's explanation of (we might indeed call it his apology for) his *Index* is the exceedingly loose way in which he confesses that it was compiled. That in a work of so much importance, one the preparation of which had been spread over upwards of fifteen years, the author of which was a lecturer and examiner on *Materia Medica*, so important a section of it should have been trusted, in large part, at any rate, to an amanuensis, is, we think, highly censurable. We have little doubt but that for one practitioner who has studied the body of the book with a view to prescribing, twenty have gone direct to the *Index* to find out what was "good for" so and so. Sir James Sawyer (*Medical Times*, August 8th, 1885) said that he prescribed "this medicine to this patient, not because it has such and such physiological effects, and I expect therefore that it will do good, but because I have *before* found its administration attended with advantages under similar circumstances." The young practitioner, not having much experience of his own, goes to Dr. Brunton's *Index* to learn what the author has *before* found attended with advantage in circumstances similar to those under which he is called on to prescribe. This *Index*, it must be remembered, appeared in Dr. Brunton's first and second editions without any explanation of its sources, or any qualification of its value; and now it turns out that "its only use \* \* \* is simply to remind the practitioner who is treating a

disease of the names of drugs which have been proposed as remedies for it." Thus they were not, as most readers would suppose, the names of drugs which Dr. Brunton had found useful in the conditions in which he announces them as serviceable; and yet more, in discussing the actions and uses of individual remedies in the body of his book, the particular uses credited to them in the *Index* are in many instances never mentioned at all. It becomes therefore especially reprehensible that in the first and second editions he seldom gives his authority for their asserted power over the diseases to which their names are attached.

He now tells us where he collected all these therapeutic "tips." He began with Bartholow, H. C. Wood, Waring, and Neale's *Medical Digest*. Then he found that the work on which he was engaged had already been done for him by Dr. S. O. L. Potter in his *Comparative Therapeutics*, published in 1880! Dr. Potter is a graduate of the Homœopathic Medical College of Missouri, of 1878, and was, when we met him eight years ago, a member of the American Institute of Homœopathy, and practising homœopathically at Milwaukee. Three years later, he resided in Philadelphia, where he worked as a medical publisher's hack, and then entered the U.S. army as an assistant-surgeon. So that it is to the work of one who had made himself familiar with homœopathic practice that Dr. Brunton is indebted for his *Index*. Having at one time intended to cancel the *Index* led him, he says, "to omit an acknowledgment of my indebtedness to Dr. Potter, and I have pleasure in acknowledging it now."

In Dr. Potter's *Comparative Therapeutics* remedies are taken from the text-books of Therapeutics and Materia Medica commonly used in the medical schools, and from the writings of homœopathic physicians. These are placed in separate columns. Says Dr. Brunton, "I find that, in one instance, at least, the amanuensis whom I employed to copy out a number of the drugs from Dr. Potter's book, has made a mistake in the column, and has taken *apis* as a remedy for tonsillitis from the homœopathic column. To the best of my knowledge this is the only remedy I have taken from a homœopathic source. If any other remedies claimed as 'homœopathic' have been introduced, they have, I think,

been copied from the works of one or other of the authors already mentioned, and in Dr. Phillips' work there are some remedies mentioned without reference." It is perfectly notorious that a large number of the remedies mentioned by Ringer, Bartholow, H. C. Wood, and Piffard were derived by them from a homœopathic source. They could not, indeed, have been otherwise obtained, for the simple reason that prior to being mentioned by these authors, they had never been used, save by homœopathic physicians, in the conditions in which they were represented as being remedial, and they had become known as remedial in them solely through the clinical application of the law of similars, while everyone knows that Dr. Charles D. F. Phillips practised homœopathically for twenty years before the publication of his work in which "there are some remedies mentioned without any references." Such being the case, "the best" of Dr. Brunton's "knowledge" of the history of the clinical uses of the remedies he names, and of their physiological action also, must be of a singularly poor sort. "To any one that knows," as Dr. Millard, of Edinburgh, writing in the *British Medical Journal* last October says, Dr. Ringer's book contains many traces of the information it supplies having been derived from homœopathic treatises. Does Dr. Brunton wish us to understand that he did not know this? "To anyone that knows," Dr. Brunton's *Index* contains indications that more than thirty per cent. of the applications of remedies named therein have been derived, by some one or other, from homœopathic treatises. It is needless to quote examples of this. Many have already appeared in past numbers of this *Review*, and Dr. Dudgeon has, in the *Lancet* and *Medical Press and Circular*, pointed to a considerable number more.

So much then for the *Index*; which, on Dr. Brunton's own admission, has been derived for the most part from a work by a graduate in medicine of a homœopathic medical college, and a work, moreover, as appears from a letter of Dr. Percy Wilde's in the *Medical Press and Circular* of the 4th ult., which the *British Medical Journal* refused to advertise, doubtless because of the large amount of homœopathy it contained! The editor then of the organ of the British Medical Association would

seem to be "one that knows!" Is Dr. Brunton less well informed?

We now pass to the consideration of Dr. Lauder Brunton's "few words in regard to homœopathic remedies and homœopathy generally."

The opening "few words" are not a little extraordinary. They are as follows: "The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug does not constitute it a homœopathic medicine." In very truth it is this "mere fact" which does constitute a drug a homœopathic medicine! We have, indeed, seldom seen the correct definition of a homœopathic medicine more concisely stated. In every exposition of homœopathy hitherto published, the fact that a drug which in a small dose will cure a disease exhibiting symptoms similar to those produced by a large dose of the same drug, has been held to constitute it a homœopathic medicine. In nearly every endeavour to show that homœopathy is false this fact has been singled out for ridicule and contempt. And now, in 1887, Dr. Lauder Brunton, a lecturer on, and examiner in therapeutics, publicly declares that this fact does not constitute a homœopathic medicine! The very recklessness of despair of succeeding in the task he had undertaken could hardly have suggested anything more absurd than such a statement as this, unless indeed it were the reason which its author gives for it—"for," continues Dr. Brunton, "this rule was known to Hippocrates, and the rule *similia similibus curantur* was recognised by him as true in some instances. But Hippocrates was not a homœopath, and he recognised the fact that, while this rule was sometimes true, it was not invariably so."

Hippocrates in recognising that some diseases were best treated by the rule of similars, so far recognised the truth of homœopathy; when he resorted to this rule to direct him to a remedy for a patient, he practised homœopathically, and to this extent he was a homœopathist. That, in other cases, he was guided in his choice of medicines by the rule of contraries, only proves that he was not so much of a homœopathist as he might have been had the knowledge of the physiological action of drugs been greater in his time than it was.

That so many centuries ago, so acute an observer as Hippocrates should have recognised the possibility of curing disease by medicines selected in harmony with the law of similars is an interesting fact ; but, that his doing so in only a limited number of instances should render the prescription of drugs upon this principle anything else than homœopathy is simply ridiculous.

We contend, as has ever been contended since the time of Hahnemann, that homœopathy consists in giving for the cure of disease a small dose of a drug which will in a large dose produce symptoms similar to those of the disease to be cured. This is homœopathy, and homœopathy is neither more nor less.

Having, in his endeavour to define what homœopathy is not, stated not what it is not but precisely what it is, and having supported his definition by so truly nonsensical an illustration, it was not becoming in Dr. Brunton, though perhaps not unnatural, that in the very next paragraph he should describe Hahnemann as having, in founding the system of homœopathy, diluted "his facts with much nonsense." Dr. Brunton has striven to support his clear perversion of a fact with a little nonsense.

"In what I am about to say," now writes Dr. Brunton, "I may be to some extent open to correction, for I cannot claim to know his doctrines so thoroughly as those who believe in and follow him." There is something delightfully "childlike and bland" about this admission of partial ignorance, something so "'umble," as Uriah Heep would have said, that it is really entertaining, and makes us yearn to know what is the extent of the writer's knowledge of the doctrines promulgated by Hahnemann ; while we cannot refrain from expressing surprise that a writer of Dr. Brunton's position should not have felt it incumbent upon him to know "thoroughly" doctrines he undertook to discuss before risking his reputation in an effort to refute them. "It seems to me," he writes, "that they consist in raising the rule *similia similibus curantur* to the rank of a regular law ; in claiming a curative power for infinitesimal doses, and in believing that the diminution in the dose of the drug was made up for by the potency conferred upon it through prolonged trituration." This



represents a fair knowledge of some of Hahnemann's fundamental doctrines, though it omits one of the most important of all, one without which the remainder would be impossible of practical application—the study of the action of drugs by experiments with them upon healthy men and women—not on frogs. In claiming a curative power for very small doses Hahnemann pre-supposed the existence of a homœopathic relation between the drug of which such a dose is given and the disease for which it is prescribed. He nowhere expresses a belief that the 100,000th of a grain of *opium* will produce narcotism, or a similar quantity of *senna* act as a purgative. Dr. Brunton admits that “it is no doubt true that in some instances the power of a drug may be increased by trituration,” but “to suppose it to be exerted *ad infinitum* is sheer nonsense.” It is, we may reply, not only “sheer nonsense” on the part of Dr. Brunton, but very misleading, to suggest that anyone ever supposed that the development of drug potency through trituration could be exerted *ad infinitum*. Hahnemann protested against any such notion in a letter to Dr. Schreter, in which he says:—“There must be some end to the thing, it cannot go on to infinity.” (*Lesser Writings*, p. 859.) How far “the increased activity conferred upon a drug” by trituration may be carried, is purely a matter of experiment, of clinical experiment. “Theoretical scepticism” is, as Hahnemann says, on such a point as this, “unmeaning and ridiculous.” That the dose of a homœopathically acting remedy must be comparatively small everyone admits. This is a fact of which many illustrations are given in Dr. Ringer's *Handbook of Therapeutics*, where the doses of medicines directed in cases to which we all know them to be homœopathic are small to a degree which would have been regarded as absurd twenty years ago. That a dose of a homœopathic medicine must of necessity be infinitesimal is very far from having received the endorsement of experience.

So far, then, Dr. Brunton may be regarded as admitting that “in some instances” the rule of drug-selection—*similia similibus curantur*—does hold good; and that in “some instances,” “the power of a drug may be increased by trituration.” Hence Dr. Brunton allows that “in some instances” not only is homœopathy true, but that

also in some instances Hahnemann's method of applying it is justified by facts.

In the succeeding paragraph Dr. Brunton mixes up two distinct things; he confuses the doctrine of homœopathy—the doctrine of drug-selection—with the method of investigating the action of drugs proposed and carried out by Hahnemann. He writes: "I think one is justified in describing Hahnemann's experiment with cinchona bark as the foundation-stone of his doctrine of homœopathy; for Dr. Nankivell, in his Presidential Address to the British Homœopathic Congress at Norwich, says, with regard to the action of *quinine* in ague, that 'it was this very instance of successful empirical treatment, of specific medicinal action, that led Hahnemann first to investigate the actions of drugs on the healthy human frame, and thus to lay the foundation of the most complete and lucid system of scientific therapeutics the world has yet seen.'" The experiment with cinchona bark, like Newton's falling apple, gave a clue to a line of enquiry which led to Hahnemann's investigating the actions of drugs on the healthy human body, investigations which led him ultimately to regard this method of study as the sole source of all useful knowledge regarding drug-action. It also suggested to him the possibility of the rule *similia similibus curantur* being a true guiding star to the selection of remedies—a possibility which was confirmed by additional research and clinical enquiry.

Then Dr. Brunton says "that although Hahnemann's observations were in all probability perfectly correct, the conclusions he drew were erroneous."

His support of this criticism appears at pp. 51 and 52 in the body of his work, in some remarks on *Experiments upon Healthy Man*. After pointing out that such 'experiments are undoubtedly desirable in order to ascertain the finer shades of action of drugs, and because it is in man alone that they can be detected, he admits, "That many observers of this, several of whom have been homœopaths, have done good service to medicine by carefully noting and carefully comparing the symptoms produced by various drugs." But he continues "These observations are liable to fallacies." "The high development of the nervous system in man, its susceptibility to various influences, and the power of expression

which man possesses, the very qualities which render him such a valuable subject for experiment, make experiments upon him," writes Dr. Brunton, "all the more liable to fallacy." As an illustration of the possibility of fallacies of this order, Dr. Brunton states, that Heinrich and Dworzak in their experiments with *aconite* which, *inter alia*, gave rise to neuralgic pains in the face, omitted to mention whether or no they had any carious teeth, "so that we cannot ascertain whether the neuralgia was due to the action of the *aconite* itself upon healthy nerves, or to alterations in the circulation of the alveoli lodging decayed teeth." Of course in all experiments absolute precision in the record of the minutest details is ever desirable. To this no one was more fully alive than was Hahnemann, as a reference to the minute instructions he gave to the provers in his *Organon*, (§§ cxxv.-cxl.) will show. But we think that if anyone will read the details of the experiments of these two observers in *The Cyclopædia of Drug Pathogenesis*, vol. 1, pp. 103—6, he will not hesitate to ascribe the neuralgia-like pains in the face, to the drug. And, further, these are not the only experimenters with *aconite* who have induced neuralgia as a consequence of their experiments. Among others whose experiments are recorded in *The Cyclopædia of Drug Pathogenesis* as showing this effect of *aconite* are Dr. Gerstel (p. 77), Dr. Reisinger (p. 84), Dr. Rothansel (p. 85), Dr. Jablouski (p. 102), &c.

Hahnemann's experiments with *cinchona* are referred to as "one of the most marked examples of the fallacies occurring in experiments upon man and of the errors to which such fallacies may lead!" From the succeeding paragraph one might infer that Hahnemann had suffered at one time from ague—of which there is no evidence so far as we are aware—and that as gastric irritation "from heavy dinners" has, in Dr. Brunton's experience, excited an ague in some who had been long free from it, so he assumes, that had Hahnemann taken any other irritant—such as "pork-pie"—he might have suffered in the same way. Independently of the fact, that all contemporary history credits Hahnemann with having been one of the most acute and at the same time cautious observers, and also of the fact that his large experience in the treatment and observations of ague in the Hungarian marshes gave him especial capacity for recognising

its symptoms—this suggestion is more than far-fetched, it is childish.

But what is not a little striking is that in the account of the physiological action of *quinine* (pp. 945-6) no reference is made to the observations of physicians attached to the quinine manufactories. In these works the men are, as reported by Dr. Chevallier, the medical officer of one of them in the South of France (*Ann. d'Hygiène. Juill.*, 1852) subject to a fever closely resembling ague; not curable by *quinine*, but only by removal from the factory. M. Zimmer, another medical officer of a quinine manufactory, gives a minute description of the symptoms presented by the workmen, which he compares to the action of an intermittent fever. Dr. Weitenweber, of Prague (*Österreichische Wochenschrift*, March, 1884), says "the so-called cinchona disease offers a strong analogy to intermittents," and he quotes to the same effect Dr. Lachmann and Professors Schroff and Stark; and further Trousseau and Pidoux in their *Materia Medica* refer to the same fact and quote Brettonneau as an authority for it. It seems to us, that observations of this type—all mention of which Dr. Brunton omits—are of infinitely more value in studying the action of *quinine* than the most minute description of its influence on the mesentery and spinal cord of a frog, or upon the entire anatomy of ascidians and annulosa.

Hahnemann was right. *Cinchona bark* and its alkaloid *quinine* do produce symptoms similar to ague. Pork-pie does not, so far as we are aware; and it is a substance with which we have frequently experimented both with pleasure and advantage.

Having we must presume proved—though where the proof comes in we do not precisely see—having proved that "while Hahnemann's theory was certainly bad," he adds that he "like Paracelsus and Priessnitz has done good service to medical practice." The "good service" of the latter consisted in his reviving the use of cold water as a remedy. He, however, did much more than this—he systematised it. That is to say, he pointed to when and where and how the manifold ways of using cold water would be useful in curing disease. This had never been done before his time. And, as a result, many thousands of cases of suffering have been more or less permanently relieved, which, without this systematisation

of the various modes of applying cold water, would in all probability have remained cases of suffering. Hahnemann's "good service" is said to have consisted in "teaching us the curative power of unaided nature, the use of diet and regimen in treating disease, and the more than inutility, the actual hurtfulness, of powerful drugs in many instances." When Dr. Brunton refers to Hahnemann as having taught us "the curative power of unaided nature," he assumes that the means Hahnemann employed to aid nature were inoperative. This is an assumption contrary to facts. Dr. Dietl, of Vienna, held the same opinion and tested it at the bedside, and with the following results. He treated 85 cases of pneumonia by venesection, of these 17 or 20.4 per cent. died; with *tartar emetic* he treated 106 cases, of these 22 died or 20.7 per cent. Then he left 189 cases to follow their natural course uninterrupted by medical treatment of any kind, of these 14 died or 7.4 per cent. The late Professor Henderson\* of Edinburgh, showed that in two complete series of cases—that is *all* the cases of pneumonia which Tessier had treated homœopathically and which he had so treated up to the date of his paper being published—numbering 50 in all, the mortality was just 6 per cent. The difference between a mortality of 7.4 and 6 per cent. is confessedly not great. But Dietl's recovered cases treated with venesection lasted 35 days from the commencement of the fever to the complete resolution of the hepatisation, those treated with *tartar emetic* 28.9 days, and those under the expectant method 28 days. In the cases treated homœopathically by Tessier and Henderson the duration was 11½rd days. As Dr. Henderson very justly concludes "this very remarkable result places beyond all rational doubt the claim of homœopathy to a very high degree of curative power in pneumonia."

The curative power of nature was, therefore, in pneumonia, aided by the teaching of Hahnemann to the extent of saving 1.4 per cent. of lives, and reducing the duration of illness from 28 to 11½rd days.

The numbers here are too small from which to draw any general conclusion. But the observers in each instance were physicians conspicuous above their fellows

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\* *Brit. Journ. of Hom.*, vol. x, p. 629.

for their knowledge of disease and accuracy in their observations. The same result, however, is found wherever it is possible to compare the consequences of empirical medicine with homœopathy. Our space only admits of our giving one more illustration of the curative power of nature aided by Hahnemann's teaching. This is derived from the official records of the Board of Charity Commissioners of Arapahoe County, Colorado.

From March, 1882, to March, 1883, the Medical Officer of the Public, Poor, and Gaol Hospitals of that County was an opponent of homœopathy. Of the 1,534 cases admitted, 79, or one in every nineteen and a-half, died. During the succeeding twelve months the medical officer was a homœopathist. He received 1,764 cases, of whom 43, or one in every forty and a-half, died. Had the mortality among the 1,764 cases been at the same rate as among the 1,534, the deaths would have numbered ninety-three. Owing to the teaching of Hahnemann, they amounted to only forty-three; a saving of fifty lives among seventeen hundred and sixty-four persons.

"The use of infinitesimal doses, which" Dr. Brunton says "could not affect the body one way or the other" (this be it observed, in passing, is a piece of pure assumption which has been negatived many thousands, aye, millions of times during the last seventy years) "but kept the mind of both patient and physician easy and allowed the *vis medicatrix naturæ* free scope," (how vastly different is the mental condition of the patient under the influences of nauseous potions, exhausting venesections and painful blisterings) "has helped us to a more perfect knowledge of the natural course of disease." This is a piece of pure hypothesis, the work of the imagination of an incurable sceptic of the influence of matter in a form in which he refuses to test its power. What the use of infinitesimal doses of homœopathically indicated medicines has really "helped us to" is rather more than thirty per cent. of Dr. Lauder Brunton's *Index of Diseases and Remedies*.

In the next paragraph we meet with statements with which we can perfectly agree. In giving but one remedy at a time, Dr. Brunton says "we are not homœopaths." Of course not; though, but for Hahnemann's work, the probability is that the idea of giving only one medicine

at a time would never have been thought of. "Nor are we homœopaths because we use 1-50th of a grain of *digitalin* instead of an infusion of *digitalis*." Certainly not. Agreed! agreed!! "Nor are we homœopaths even if we get a manufacturing chemist to make up the *digitalin* into a globule with a quarter-of-a-grain of sugar of milk instead of with five grains of extract of liquorice." Quite right; admitted! "Nor do we become homœopaths merely because we may employ a small dose instead of a large one." Right again; only remember, Dr. Brunton, you cannot get either an antipathic or an allopathic action out of a small dose. If your medicine is not homœopathic to the disease for which it is given, a small dose will have no effect at all. The antipathic and allopathic methods necessitate a physiological dose; the homœopathic method, one that is therapeutic only.

Summarising these points, and adding one more to them, at the opening of the next paragraph Dr. Brunton says "It is not the use of a single drug at a time, of a small dose, of a globule, *nor even as we have already seen, of a drug which may produce symptoms similar to those of the disease that constitutes homœopathy.*" (The italics are ours.) This last clause represents just what we have not seen. That Dr. Brunton has made the assertion is true enough; but his assertion is one we declare to be utterly unfounded; that it is so everything that either Hahnemann or any of his followers have written proves abundantly. It is just this very doctrine viz: that a drug, which produces symptoms similar to those of a disease, will cure that disease—that does constitute homœopathy.

We now come to a sentence which gives us Dr. Brunton's definition of homœopathy or rather of what he terms its "essence." "The essence of homœopathy" he writes, "as established by Hahnemann, lies in the infinitesimal dose and the universal application of the rule *similia similibus curantur*. But the infinitesimal doses are so absurd, that I believe they have been discarded by many homœopaths. To such men all that remains of homœopathy is the universality of the rule *similia similibus curantur*, and the only difference between them and rational practitioners lies in the fact, that the latter regard the rule as only of partial application." With regard to



the infinitesimal dose, Hahnemann had worked out the evidence in support of the rule of similars as the basis of drug-selection long before he arrived at the conclusion that medicines were most advantageously and successfully used (when prescribed homœopathically) in infinitesimal quantities. So that such doses cannot be said to be any part of the "essence" of homœopathy. Having in the previous sentence implied that the rule *similia similibus curantur* does not constitute homœopathy, he now says that it is its "universal application" that does so. And, in the next, he tells us that "rational practitioners"—these, we suppose, are in Dr. Brunton's view restricted to those who are of Dr. Brunton's way of thinking—that "rational practitioners" "regard the rule as only of partial application." It is not, then, according to this authority, that, as the *Lancet* said a few weeks ago, the law of similars is "a fantastic notion;" but on the contrary, it is a true rule of drug-selection, though only true within a limited area. It is believing in its general, or as Dr. Brunton misleadingly puts it, its "universal" application, that constitutes a man a homœopath.

If by "universal" Dr. Brunton intends to signify that in every possible condition for the relief of which a physician or surgeon may be summoned this rule is held to be applicable, he is mistaken and is therefore "open to correction," as he suggested at the commencement of his remarks he might be found to be. Hahnemann in his earliest days restricted its application to chronic diseases. Further experience proved its advantage in prescribing for acute disease, while in the note to paragraph lxvii. of the last edition of *The Organon of the Healing Art*, he still points out some conditions in which antipathic measures must be resorted to.

Dr. Sharp, in his *Essays on Medicine*, devotes one (V.), and that one of the best of the series, to a consideration of *The Limits of Homœopathy*, and points out with much clearness the cases and parts of cases in which we have necessarily to resort to measures outside of homœopathy. No one therefore has ever represented the law of similars as operating universally in all possible conditions.

That Dr. Brunton allows that it is of "partial application" as a guide to the selection of drugs is so far a matter for congratulation. It is the first occasion on

which, so far as we remember, a prominent teacher of medicine has acknowledged as much. Hitherto it has been denounced by admirers of Dr. Brunton as a "fantastic notion," and a notion of this kind can hardly be regarded as one of even partial application. If it is of partial application, we should like to know how partial this application is to be in order to constitute its applier a "rational practitioner." The first duty of a physician is to relieve his patients' sufferings by the best, safest, and quickest means known to him—not to someone else. If a physician called to a case does not know and has no means of ascertaining what medicine is homœopathic to the condition, however much he may believe in the abstract truth of homœopathy, he necessarily falls back upon a palliative. Here then is one limit to the universality of the law—the knowledge of *Materia Medica* possessed by the physician. Again, in order that a medicine may be used homœopathically, we must have a record of provings or experiments with it before we can apply it. It may be that we may meet with cases to which the action of no known medicine corresponds. Here again we must fall back upon a palliative. Then sufferings may be induced by purely mechanical causes—which no medicine whatever, administered on any principle, would remove.

How far, then, is this rule applicable? Here experience alone can answer. Dr. Brunton's experience is limited—hence he says its application is partial. We had thought before we were made acquainted with the source of *The Index of Diseases and Remedies* that his experience of homœopathy was limited to about one-third of the conditions met with in practice, but as this *Index* is now stated to have been compiled from the experience of others we have no means of estimating Dr. Brunton's. Those who have made a thorough, careful, practical, clinical study of homœopathy find that it is applicable in nearly every case they are called upon to prescribe for. That it furnishes the means of ascertaining a directly curative, specifically acting drug, such as no other principle does. Relief may be, and doubtless is, often given by medicines acting upon the antipathic or even the allopathic principle—but a directly curative or specifically acting remedy cannot be found through either. Cases treated homœopathically, when

cured, are cured directly ; such as are treated antipathically, when cured, are cured indirectly.

Conscious, apparently, that the degree of extent to which the law of similars is applicable is a very feeble reason for denouncing it as "certainly bad," Dr. Brunton proceeds as follows : "At first sight this difference may seem to be only slight, but it is not so in reality ; for while the rational practitioner, refusing to be bound by any 'pathy,' whether it be allopathy, antipathy, or homœopathy, seeks to trace each symptom back to the pathological change which caused it, and, by a knowledge of the action of drugs on each tissue and organ of the body to counteract these pathological changes the homœopath professes to be in possession of a rule which will enable him to select the proper remedy in each case by a consideration of the symptoms without reference to the pathological condition. He may thus dispense with anatomy, physiology, pathology and pharmacology. All that is necessary is a list of morbid symptoms on the one hand and a list of the symptoms produced in healthy men by various drugs on the other."

In the first place, we can assure Dr. Brunton that a homœopathic physician is simply "bound" to do the best he knows for his patient. He believes that homœopathy, wherever he can bring it to bear, enables him to do that best, but he is in no way pledged to treat his patient homœopathically if his case, or his knowledge of *Materia Medica*, does not admit of homœopathy being applied, or of his applying it. The gentleman styled by Dr. Brunton "a rational practitioner" is at liberty to treat his patient homœopathically, but, according to the present standard of medical ethics he is "bound" not to say that he does so, not to admit the homœopathicity of his prescription ; if he does this and is at the same time a hospital physician, the secretary of the institution to which he is attached may be instructed by his colleagues to write to him and request him not only to desist from admitting that he practises homœopathically, but from doing so at all, or resign his position !

Then the rational practitioner "seeks to trace each symptom back to the pathological change which caused it." Probably so, and his homœopathic brother does so likewise, and further it must be admitted that both not

unfrequently do so in vain, and, as often as they do fail, seek to cover up their failure in a cloud of hypothesis.

Of the manifold advantages of a correct interpretation of symptoms it is needless to write. They are admitted on all sides. Our present number, indeed, contains a very excellent paper on the subject by Dr. Pullar. A correct pathological interpretation enables us to form our diagnosis; this guides us not only in our prognosis, but in directing our patient to suitable diet and regimen, to appropriate climate and occupation, to the general hygiene suitable to his condition, and to the group of medicines from among which the one most homœopathic to his state will be found. It is in the answer to the question—Which member of this group is most homœopathic to the individual case before us?—that the value of the particular symptoms expressive of the morbid condition in that particular patient becomes so marked. And yet, again, how many cases there are of the pathological nature of which we at present know but little, and how many others are there regarding which the knowledge we have, or think we have, is more or less purely hypothetical? By comparing the totality of the symptoms observed in disease with those produced by drugs, we are able to select medicines which do cure. This may seem very absurd to those who never tried to find a remedy in this way, though why it should do so we do not exactly see; but those who have made the experiment have over and over again been abundantly satisfied with the result. No physician, whether he practises medicine upon a scientific or a merely empirical basis, can dispense with anatomy, physiology and pathology for the simple reason that drug-prescribing is only one part of his duty. Still less can the homœopathist do without pharmacology. Had it not been for the work of Hahnemann we should never have heard of pharmacology to-day! Hahnemann possesses the clearest title to be regarded as the Father of Pharmacology. Dr. Brunton defines pharmacology as “a knowledge of the mode of action of drugs upon the body generally, and upon its various parts.” Hahnemann was the earliest physician to acquire and publish a considerable mass of knowledge of this kind. *Fragmenta de Viribus Medicamentorum Positivis sive in sano corpore humano observatis*, published at Leipsic in 1805 was the

first work which ever conveyed any real knowledge of the mode of action of drugs upon the human body generally and upon its various parts! A work regarding which Dr. Waring (*Bibliotheca Therapeutica*, vol. 1, p. 65) says: "However much one may be inclined to differ from the inferences or conclusions drawn by the author from his facts, all must admire the zeal and labour bestowed by Hahnemann in his investigations as set forth in this work." And now, forsooth, homœopathists are told that they "dispense with" pharmacology! The real truth is that without pharmacology homœopathy would be non-existent, simply because it would be practically impossible. This is another point on which Dr. Brunton is "open to correction," as he modestly suggested that he might be found to be.

Further we should like to know how, when "a rational practitioner has traced all the symptoms of his patient back to the pathological change which caused them," he proceeds "to counteract" them? Does he do so homœopathically, antipathically or allopathically? He must do so in one way or the other, when he uses drugs—Which does he employ?

In the next paragraph Dr. Brunton tells us how it comes to pass that homœopathy is quackery. "It is" he writes "the falsity of the claim which homœopathy makes to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery; and yet this arrogant claim constitutes the essence of the system." Dr. Brunton would have occupied these four or five pages of his preface to much better purpose had he, instead of dealing in mere denunciation, demonstrated the falsity of the claim which he says is made for homœopathy. The claim we make for homœopathy is, not that it is the only true rule of practice in all instances—this will depend upon the nature of the case to be treated, as we have already shown—but it is the only rule by which we can discover specific remedies for individual cases. And as specific remedies, where applicable, are those which are more directly, more quickly and more frequently curative than any others, it is the best and safest rule of practice. To say that a patient cannot be cured save through homœopathy would be as absurd as to say that a man cannot go from

London to Edinburgh except by an express train, or by passing through York and Newcastle. Can Dr. Brunton point to any other rule of practice by which we can discover specifics? Can he point to any cases more certainly or quickly cured by any class of remedies than those commonly treated by the few specifics, the existence of which he is prepared to admit? If he can he will by so doing deal a far heavier blow at homœopathy than any one has ever done yet.

He also adds to the sentence we have quoted that any man who "regards the rule *similia similibus curantur* as only of partial and not of universal application, has no right to call himself a homœopath." We maintain that any man who regards the law of similars as of partial application is a homœopath, so far as he goes, whatever he may call himself. And, further, we may say that, while no one is in honour bound to call himself anything, a man who practises homœopathy and denies that he is a homœopath, is in the present state of professional feeling a good deal of coward. If a physician knows that a certain doctrine is true in relation to a certain number of cases, it is his duty to say so, and to act up to what he knows openly, and when this doctrine is denied *in toto* by some, decried as a "fantastic notion" by others, and brusquely put aside as "all humbug" by many more, the man who knows that it is a doctrine of practical utility in any number of cases however limited, is false to his profession if he refuses to say what he knows, and when his refusal to do so is based upon a fear of the loss of professional status, he becomes as we have said a coward.

Dr. Brunton says further, that if we have renounced the errors of Hahnemann's system we ought not to retain its name.

What is Hahnemann's system? As we understand it, it is as follows:—

1. The study of drug action upon the healthy human body.

2. The selection of specifically acting remedies upon the principle of *similia similibus curentur*.

3. The administration of medicines in doses smaller than will excite their physiological action.

4. The prescribing of medicines singly and uncombined.

This is homœopathy, and Hahnemann's method of carrying it out. If there are errors here, we should be glad to know what they are. We see none.

"A medical man" we are told "is bound to do the best he can for the good of his patient; it is obvious that although he may employ baths or packs as a mode of treatment, he cannot, without becoming untrue to his profession, throw aside all other means of treatment and become a hydropath." A physician, who is known as a hydropath, is, we have always understood, one who has endeavoured to develop the use of water as a remedial agent to the greatest extent to which it is capable of being developed; but he does not, therefore, "throw aside all other means of treatment." The homœopath stands in a similar position in one respect, and yet a different one in another. The hydropath, as such, deals with only one remedial agent. The homœopath, as such, points to a rule by which all drug remedies may be employed in a certain direction. Neither does he throw aside all other means of treatment. The means of treatment at our disposal are not restricted to drugs; they are not even limited, in the use of drugs, to such as act specifically. But when we know that a specifically-acting drug is a curative agent of the highest power—when we have reason to believe that homœopathy provides the only known method of discovering such curative agents—then in endeavouring to do our utmost for the good of our patients, we are first of all bound to seek for them through homœopathy. To say or to imply that a homœopath throws aside all other means of treatment is to state what is well known to be contrary to fact.

Few things can strike the reader of this, the latest endeavour to place homœopathy in the category of quackeries, more forcibly than the change—the total change—in the method of doing so from any which has preceded it during the last sixty years in this country. In 1827 Mr. Spry, in the *Edinburgh Medical and Surgical Journal*, declared the doctrine of homœopathy to be "visionary"; and Dr. James Johnson, in the *Medico-Chirurgical Review*, termed it "preposterous." The Provincial Medical and Surgical Association in 1851 resolved that it was "completely at variance with science and common sense." Ridicule in every form



that the imagination could suggest has been applied to it by writers in the medical press from that time to the present; and now Dr. Lauder Brunton acknowledges that it is of "partial application." Dr. Wilks, six or seven years ago at the College of Physicians, protested against the idea of there being any doctrine in therapeutics. To-day an examiner at the College not only admits the existence of doctrine in therapeutics, but also allows that homœopathy is a therapeutic doctrine of "partial application." All definition of the word "partial" he carefully avoids. Homœopathists have been denounced by every epithet that could express moral and intellectual degradation; now our baseness is restricted to believing that homœopathy is not only a doctrine of partial but of general application!

To such trivial dimensions as these, to such unsubstantial proportions as these has the opposition to homœopathy been whittled down!

*The Hospital Gazette* regards Dr. Brunton's defence of the charge of having "cribbed" many therapeutical indications from homœopathy, as triumphant! "Homœopathy," it says, "consists in certain principles of dosage long since shown to be founded on error, *and not the use of particular drugs for particular diseases!*" The italics are ours. A more perfect specimen on the one hand of the stolid ignorance of homœopathy with which many otherwise well-educated medical men are afflicted, or a more audacious perversion of fact on the other, it would be difficult, if not impossible to find!

Dr. Brunton concludes somewhat abruptly by saying, "I dislike controversy extremely, and should not have taken up so much of the preface with controversial matter, had I not been forced to defend myself by the attacks which certain homœopaths have made upon me." That Dr. Brunton should "dislike controversy," we can easily understand. Most people do who are forced by circumstances to champion a cause they feel to be so weak as Dr. Brunton evidently does that of the opposition to homœopathy. Dr. Brunton has only his own want of candour and frankness to thank for having been forced to defend himself at all. Had he said originally what he now admits—that homœopathy is of partial application—he would have spared himself a great deal of trouble, and have suggested a line of discussion that would have done infinite service to medicine.

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REVIEWS.

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*Taking Cold (The Cause of Half Our Diseases). Its Nature, Prevention and Cure.* By JOHN W. HAYWARD, M.D. Seventh edition, revised and enlarged. London: E. Gould and Son, 59, Moorgate Street, E.C.

To cure "a cold" is oftentimes to prevent a serious illness. We remember a lady who told us that when young (some 70 years ago) she was visited by the family doctor at the desire of her parents, the old gentleman, on receiving, as a reply to its enquiry, "What is the matter?" the opinion of his youthful patient, "Oh! nothing much, it's only a cold," rejoined, "Nothing much, madam! What would you have, would you have the plague?" The idea conveyed by this prompt criticism on regarding a cold as a trivial matter is a true one. To consider all the disorders the first stage of which consists of what is conventionally called "a cold," would be to enter into the details of a very large proportion of acute diseases. In this now well-known and much appreciated little book, Dr. Hayward enlarges upon this theme, and sets forth, in a clear and intelligent manner, how, by acting upon the hint supplied by "a cold," much additional suffering may be saved. His instructions are thoroughly practical, and given in a manner which may be readily "understood of the people."

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*Key-Notes to the Materia Medica as taught by Henry N. Guernsey, M.D., late Professor of Materia Medica at the Hahnemann Medical College of Philadelphia.* Edited by JOSEPH C. GUERNSEY, A.M., M.D. Pp. 267. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1887.

In this volume the late Professor Guernsey gives what he regarded as the most characteristic symptoms of a number of the most important of "proved" medicines. The material thus presented constituted the basis of the professor's lectures to his class.

Though altogether inadequate to give a thorough and complete knowledge of the sphere of action or symptomatology of each drug, a reference to this book will afford many a useful hint as to what medicine to study in relation to a particular case. Relied on solely, it would prove oftentimes misleading; regarded as an aid to further investigation and as suggestive of what may, on further enquiry, prove a useful because a truly homœopathic remedy, it is calculated to be of much service to a practitioner.

## MEETINGS.

## LIVERPOOL MATERIA MEDICA SOCIETY.

THE fourth meeting of the society was held on Thursday evening, January 20th, 1887, the president (Dr. Mahony) occupying the chair.

*Rhododendron*

was introduced by Dr. CHARLES HAYWARD. This drug, he said, belongs to the group of anti-rheumatic medicines, acting principally upon the fibrous and serous tissues; pains in structures composed of these tissues, and swelling of the testicle with tenderness of the epididymis being characteristic symptoms of the drug. These pains have the further peculiarity of being occasioned, or, if already present, of being aggravated by stormy weather. While Dr. Carroll Dunham writes of the pains of *rhododendron* as being aggravated by motion, Dr. Hughes says the pains are worse on rest, but on comparison of the symptoms given under the head of "aggravation," in Allen, both writers are found to be correct. Dr. Charles Hayward remarked that *rhododendron* might be compared in its testicle symptoms with *pulsatilla*, which was most useful in acute orchitis; with *aurum*, where the disease was accompanied by profound melancholia, especially of a suicidal tendency; with *spongia*, which caused symptoms rather affecting the epididymis and spermatic cord than the testicle itself; and with *graphites*, which, like *pulsatilla* and *rhododendron*, had proved curative in hydrocele.

Dr. HAWKES had never succeeded in reducing hydrocele by internal medication, and only in one case had it recurred after tapping, and in this case the recurrence was not prevented by the administration of *rhododendron*. He had used it with good effect in prosopalgia in which the pains, drawing and tearing in the molar teeth, were worse in stormy weather.

Dr. SIMMONS related a case of gonorrhoeal orchitis, in which improvement followed within two hours of the administration of *rhododendron*, though *pulsatilla* had failed to give relief.

In the absence through illness of the Secretary, Dr. Ellis, Dr. MAHONY contributed a brief summary of the effects of

*Colchicum*,

in which, after remarking that this drug produced very different symptoms in different animals, he referred to the fact that it had caused lenticular cataract in some cases of poisoning. In pointing out the special features of the pathogenesis of *colchicum*, he drew attention to the following symptoms and conditions: Disgust at sight or smell of food; much saliva and urine with scanty stool and tenesmus, or *vice versa*; a spot on the sacrum, the size of the hand, sore as if ulcerated, and sensitive

to touch (compare *Ledum*). General sensations: Shuddering and creeping in isolated parts of the body, as on getting cold from change of weather, also tensive tearing pain in small portions of the body at a time and quickly changing its locality; pains deep in soft parts. General conditions of aggravation: night, mental exertion, emotion; feeling of paralysis; true paralysis commencing with the tongue; the face has the expression of a chronic patient. In the fever chilliness predominates. The mental symptoms were few. There was some cerebellar headache, burning or coldness in the stomach, with great debility. The stool was very loose, with flocculi and frequent tenesmus. There were also pains and swelling affecting chiefly the smaller joints.

Dr. HAWKES referred to the beneficial effects of *colchicum* in some cases of pericarditis with effusion. He remarked that it was characterised, like *tabacum* and *veratrum album*, by producing nausea on assuming the erect position. He believed that, given in doses of the first decimal dilution, it was of great value in rheumatic subjects with severe cardiac disease, especially if attended by marked asthenia.

Dr. HAYWARD called attention to the growing opinion of "old school" writers that *colchicum*, while relieving the pain of gout, caused the patient to be more susceptible to further attacks, and this he believed to result from the gastric disturbance set up by large doses of the drug—a gastric disturbance of similar form being the *fons et origo* of gout.

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## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

THE annual meeting of the governors and subscribers was held on the 30th of April. Some report of the proceedings we hope to be able to lay before our readers next month; meanwhile we may say that we regret to learn that, for the first time during the last four or five years, the balance is on the wrong side of the account. This is largely due to the increased work which has been accomplished, 711 patients having been admitted, against 675 during the previous year, while five years ago the annual number of admissions was 487. It must also be remembered that, owing to deaths, several large annual subscriptions have ceased during the year. With so much really useful work being done, we trust that other liberal-minded and generous supporters will come forward and fill the gaps which have occurred in the list of subscribers, and place the institution in a position of absolute safety.

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The concert at Grosvenor House in aid of the proposed

Convalescent Home Fund occurs after we go to press, and at the moment of writing it is impossible to forecast its results. But we have heard with much pleasure that contributions to this fund—which, we may remark, is kept quite distinct from that of the hospital—are coming in liberally. One generous friend has promised £1,000, Mrs. W. Vaughan-Morgan gives £100, a friend of her's a similar sum, Miss Barton, £50, together with various smaller sums collected by her from amongst her friends, and Miss Isabella Barton, £50.

The question of locality is still undecided, but we understand that St. Leonards is favourably regarded. It is hoped that some generous friend will present the committee with a suitable house for the purpose, either there or at some other seaside health resort.

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The annual vacancy in the house-surgeoncy will occur presently, and the usual advertisements for candidates have been issued. Applications with testimonials must be lodged with the Secretary not later than the first of next month.

### TUNBRIDGE WELLS.

At this season of the year when many a *pater familias* is thinking over localities where he may, with the greatest advantage to the health of those he is anxious for, spend his holidays, the sanitary reputation of various reputed "health resorts" will come under review. We may, perhaps, assist him somewhat by a brief notice of the last *Report of the Medical Officer of Health for Tunbridge Wells*—Mr. Stamford—which we have lately received. It has the advantage of being at once clear, concise and ample for the purpose of estimating the sanitary condition of the town it relates to.

In the first place, then, the death-rate for 1886 was 14.4 per 1,000 of the estimated population.

To those who are proposing to spend a few weeks in rest and pleasure it is the mortality form, and therefore the prevalence of diseases comprised in the zymotic class, that is of the greatest importance. During 1886 the deaths from diseases of this order, comprising scarlet fever, continued fever, diphtheria, croup, diarrhoea and dysentery, measles and whooping-cough, amounted in all to only 20, or 0.7 of the population. Half of these occurred from diarrhoea, and in nine cases the sufferers were infants in whom, in all probability, diet, rather than any zymotic cause, occasioned the disorder. Three deaths arose from measles, one from scarlet fever, and one from diphtheria. No case of small-pox had been met with in this district during 1886.

Mr. Stamford concludes his very instructive and gratifying statistical tables and observations with the following remarks :

“ In comparing these returns for the year with the published report of the Registrar-General, respecting the health of the 28 large English towns, there is great reason for satisfaction, as will be at once evident when I tell you that of these 28 towns, Brighton had the lowest death-rate, 17.1 per 1,000, nearly three per 1,000, or one fifth higher than the death-rate for this district, which you have seen was the low one of 14.4 per 1,000.

“ The highest recorded death-rate was that for Preston, where the rate was 28.9, or rather more than double the rate in this district.

“ The zymotic death-rate compares even more favourably with the lowest for the 28 large English towns, that for Derby and that for Brighton being respectively 1.8 and 1.9 per 1,000, against 0.7 in this district, the zymotic death-rate of Brighton being 2.7 times greater than the rate recorded here.

“ I am warranted therefore in stating, as I was able to do in my report for 1885, that throughout England no town of the same population has suffered so lightly, judging from the mortality statistics, as the town of Tunbridge Wells during the past year.

“ In concluding this report, I beg to inform you that the condition of the town at the close of the year was such that it gave great promise for the ensuing year, and that there is no further measure for me to recommend for adoption by your Committee.”

When, in addition to its unrivalled sanitary condition, the well-known bracing character of the climate of Tunbridge Wells is remembered, together with its charming and varied scenery, its opportunities for walks and drives of an interesting character, and the attractions it presents to the naturalist and the archæologist, it will, we do not doubt, be regarded as an especially suitable locality to secure physical recuperation, healthy enjoyment, and pleurably-acquired instruction. To the convalescent from acute disease, and the sufferer from “ brain fog,” few, if any, health resorts present greater opportunities for accelerating complete recovery than it does.

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## DRUGS AT THE GENERAL MEDICAL COUNCIL.

At the recent meeting of the General Medical Council, during a discussion on the question whether or no the Apothecaries Society should remain a licensing corporation or be extinguished, a good deal of strong feeling was manifested against the proprietors of the drug shop in Blackfriars.

Dr. Struthers, the Professor of Anatomy in the University of

Aberdeen, protested against the Apothecaries Society licensing practitioners of medicine, because, he said, owing to that society, "homœopathy flourished in Engiand!" He drew a comparison! Said he, "The drug system made the soil in which quackery flourished. An outburst of homœopathy took place in Edinburgh, but it was like the seed that fell on stony ground, and there was not now a pure homœopath in Scotland." Dr. Struthers is not informed on what he is talking about. In his own city, in Edinburgh, Glasgow and several other towns, there are "pure homœopaths." While in many more there are those who practise homœopathically secretly; secretly lest they should fall victims to the sneers and taunts of their medical brethren. At the same time it would not surprise anyone who knows the position of a medical man practising medicine in Scotland, to find that he should cross the border whenever he had a chance! Fees in Scotland are so small that to make a bare living, as a practitioner of medicine, involves much harder labour than that of a ploughman! A friend of ours, practising in Perthshire once, when pointing to a lofty range of hills and describing their condition during winter, the peaks covered and the valleys filled up with snow, asked us what fee we supposed he got for attending a woman in labour six miles across those hills—his answer was fifteen shillings! This involved a journey on foot over those snow-clad hills during the middle of a winter's night, remaining with the patient for several hours, and visiting her again, also on foot, on the following day. Hence it will be found, that no small proportion of the medical men practising homœopathy in England are Scotchmen. "But look," continues Dr. Struthers, "look how homœopathy flourishes in England! This is due to the Apothecaries Company, and I cannot help saying," he added, "that homœopathy, which teaches people to rely on nature, and not trust so much to drugs has done more good for the science of medicine than the Apothecaries Society ever did." We know something about the history of homœopathy in England, and quite agree with Dr. Struthers in saying that it flourishes here, while we have no doubt but that if medical men are in the meantime guided in prescribing by the *Index of Diseases and Remedies* recently published by Dr. Lauder Brunton (whose strong Edinburgh accent betrays his nationality) it will flourish far more abundantly in the near future. But what the Apothecaries' Company have done to help us we are at a loss to imagine. Dr. Struthers is perfectly right when he says that homœopathy has done more good for the science of medicine than the Apothecaries' Society ever did. No "one that knows" can doubt that. Dr. Humphrey said that it was quite absurd to say that the Apothecaries' Society was the cause of homœopathy. Of



course it is ; and Mr. Collins correctly remarked that " other causes have contributed to the result." Hahnemann was " the cause " of homœopathy ; and its completeness and success as a therapeutic method are the cause of its flourishing, and of more than 80 per cent. of Dr. Lauder Brunton's hints as to remedies in his *Index of Diseases and Remedies*.

Sir William Gull urged that " people do not get well by drugs." If he had added, as he was in the habit of prescribing them, there might, for aught we know, have been a good deal of truth in his assertion. " It was," he continued, " the powers of nature that effected a cure of disease, and the duty of the medical man was not to give drugs, but to see that nature's powers were not interfered with." Surely it is also the duty of the medical man to aid the curative power of nature, and, most certainly, drugs, rightly and scientifically used, will enable him to do so. Sir William's sneer at drug-prescribing aroused Dr. Quain's indignation, which found vent in a protest against being considered " a pretender in professing to cure disease by administering remedies. He had seen drugs of use in thousands of cases, and where they failed the fault was not with the drugs, but with the diagnosis." If so, it is in the diagnosis of the remedy rather than of the disease that the fault lies. Drugs fail because, as Sir Thomas Watson confessed, " they are often so vaguely, so ignorantly, so rashly prescribed." And until the principles of homœopathy are recognised as the foundation of therapeutics, and acted upon by physicians in practice, Sir William Gull will be constantly arising to repudiate drug action as an aid to the curative powers of nature, and Dr. Quain to lament over their frequent failures to do any good.

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#### THE JUBILEE OF HOMŒOPATHY IN BOSTON, U.S.A.

IN 1837, the late Dr. Gregg, of Boston—to whose practice Dr. Talbot succeeded—openly avowed his conviction of the truth of homœopathy. He was the pioneer of homœopathy in that city. On the 12th of April, 1887, the Jubilee—or as our trans-Atlantic friends prefer to call it " semi-centennial"—of the introduction of homœopathy amongst them was celebrated. In the hall of the Massachusetts Charitable Mechanics Association, five thousand people from the different New England States, representing all the professions and the different branches of commerce, assembled to join in rejoicing at the introduction of homœopathy amongst them. At twenty-two tables " all prettily adorned and rich in choice viands and delicious edibles," a " high tea " was indulged in. Thereafter addresses were delivered by Col. Codman and Dr. Talcott—these we hope to be able to reproduce for the benefit of our

readers next month. The speeches ended, the Governor of Massachusetts, Mr. Ames, arrived, attended by his staff, when the band played "Hail to the chief." Shortly afterwards an orchestra of fifty members discoursed music of the choicest character, under the direction of Herr Carl Zerrahn. This concluded, the orchestra struck up dance music, and the proceedings of the evening forthwith developed into tripping on "the light fantastic toe."

The entire entertainment, material, intellectual and social, afforded, we are informed, the fullest degree of satisfaction and pleasure to all who took part in it, and brought moreover \$4,500 to the exchequer of the Boston University School of Medicine.

As one of the features of this celebration, the Massachusetts Homœopathic Medical Society held its annual meeting on the day following, when the President, Dr. Walter Wesselhœft, of Cambridge, near Boston, delivered an address on *The History of Homœopathy in New England*.

On the next day, the Society met at the New Asylum for the Insane at Westborough, where they were received with full hospitality by the medical superintendent, Dr. Emmons Paine, who also read an important paper on *The Localisation of Brain Diseases with Illustrative Cases*.

We heartily congratulate our accomplished and energetic colleagues in Boston on the complete success of their celebration, and on the magnificent work they have done for medicine during the last fifty years.

#### THE BATH HOMŒOPATHIC HOSPITAL.

On the 18th of April a grand morning concert, arranged and carried out by Mrs. Mackecknie took place at the Bath Assembly Rooms in aid of the funds of the homœopathic hospital of the City. We notice among the performers the names of Mrs. Mackecknie herself, and Mr. Mackway and Mr. Marler, whose efforts at the Hahnemann Commemoration Dinner were so much appreciated by all present.

As a result of her efforts Mrs. Mackecknie was able to hand over £20 to the Committee at this meeting on the 3rd ult., who, on the same occasion, unanimously accorded her a very hearty and, we may add, abundantly earned vote of thanks for her services.

### CORRESPONDENCE.

#### MESMERISM.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—In the last number of the Journal there is an interesting and important paper by Dr. Roth on this subject.

I have been a student of mesmerism since my eighteenth year, now some forty-eight years since; and, as a youth, I belonged to a society of men and women who went among the poor, healing their diseases by this method. When, however, I became a legally qualified doctor, I dropped the practice as one likely to get me into professional trouble, and it is only very recently that I have again interested myself practically in the matter, and I find that old as I am, and although declining into the vale of years, my mesmeric success is even greater now than it was when I was in the full vigour of youth and hot bloodedness.

Finding that I have this power, I have recently regretted that I did not avail myself of it when in full practice, as I was never an enthusiastic believer in the giving of medicinal substances, as the highest function of the physician, and the saying, indeed, often occurred to me "If thy son ask bread will you give him a stone and if he ask fish will you give him a serpent," and this scepticism I felt always to be a barrier to my professional success.

But had I felt that in administering medicines, I with these gave also my good *will*; and had I cultivated the feeling that in the mere act of giving medical aid, I gave also, with faith, a magnetic force, then I should have felt that I was a labourer worthy of his hire, and the result would have been alike beneficial to him who gave and those who received.

In this bearing of the case I have always been inclined to interpret to some extent, the extraordinary results of high dilutions and Mattei medicines. Those who give these, are generally men of enthusiasm, and I hold that if magnetic or mesmeric gifts can be bestowed, it is impossible to decide how far the curative results are due to the medicinal substances, and how far to the mesmeric force.

Further, high dilutions are very possibly impregnated with the mesmeric force of those who produce them, to a deeper degree than the lower dilutions. This at least I know, that cotton wool mesmerised by manipulation and the breath, and sent by the post to patients at a distance, is often found to effect cures; and if it be said these cures are simply illustrations of the force of the imagination, then I reply, so in like manner may be the cures effected by high dilutions.

For many years I have asked myself the question, what is mesmerism, and what is its *modus operandi*? The nearest approach to a conclusion I have been able to arrive at is, that it is the action of the will, or the affections, or the mind or soul of the operator on the patient.

All voluntary physical action of the body is produced by the will of the subject, and may be regarded as the result of

mental or spiritual dynamics, and this will-force can be in some cases transferred by the *positive* will-force of the operator, to *negative* recipients. We are all acquainted with those interesting experiments called "the willing game," the illustrations of which have of late years been so systematically extended by the operators in *The Society for Psychical Research*, and if these be admitted as genuine experiments, it is easy to see how the will force of mesmeric operators, should be able to impart ideas and forces to other organisms in disease.

My own view is, that in matter, the cohesive force is polar or magnetic attraction, and that what we call gravity is only magnetic attraction; knowing as we do that the law of force, as in the inverse ratio of the square of the distance, alike holds in magnetic attraction and in gravity. There exists the objection that the magnet attracts only iron, unless indeed other substances be magnetised, when these, according to their states of magnetism, also attract or repel.

Mesmerism cannot be shown to have any relation to magnetism in attracting or repelling iron, although it is known that certain individuals in certain psychical conditions are repelled from the ground, apparently by their condition in relation to terrestrial magnetism.

By the photophone, sound can be conveyed to a distance by its vibratory action being conveyed along a ray of light, and if so it is easily conceivable that the will-force of cerebation may be conveyed to the patient along a line of magnetic force.

Locomotion is produced by the will-force of cerebation passing down the nervous conductors, and it is conceivable that this will-force might be *transferred* from the operator to the patient, as indeed it is in the willing game.

Now all disease may be described as abnormal action, and all health must be the result of normal action, and thus it is conceivable, how the healthy and benevolent action of the mind and brain of the operator, may call into activity a healthy action in the patient.

But beyond this there would seem to be a vital aura or emanation, an evaporation as it were from the arterial blood, which is the life, and which may be as it were transfused into the circulation of the feeble-blooded patient. If so, then we have an explanation of that exhaustion, as of depletion, which often follows strenuous mesmeric efforts to cure enfeebled beings. There is literally a laying down of one's life for others, and I have known cases of syncope as the result.

With reference also to the idea of an aura or emanation, it should be noted that the operator often experiences a tingling at his finger tips, as if a galvanic current passed from himself to his patient.

Dr. Roth in his paper does not offer any theories as to the action of mesmerism, but he gives in detail many of the experiments recently performed in France. In these experiments there is nothing new, nothing which has not for many years been known to practical mesmerists, and I will venture to say that the deductions drawn by these French *savants* from their experiments are fallacious.

For instance, stress is laid on the variations of the results according to the parts of the body touched, but these variations, I would say, have no relation to the tissues, but are only the results of preconceived expectations on the part of the operators or subjects.

It is well, however, that in mesmerism, men of science should investigate and experiment, for hitherto ridicule and martyrdom have been the rewards of its votaries.

The term mesmerism is *unfortunate*, but it has been retained because it involves no theory. If, however, the theory I have ventured to offer has any foundation, then the old term animal magnetism would be a better title, or perhaps better still would be the title psycho-physics, the healing application being called psycho-pathy.

I have long applied to the study of kindred phenomena the name of experimental psychology, as distinct from the verbal psychology of the schools.

In conclusion I will venture to prophecy, that within fifty years of this date, mesmerism will be settled on a scientific basis. In that day psychology will be the exact science of the soul—when the present widespread agnosticism and materialism, the reaction against the credulity and superstition of the past, will give place to *belief with knowledge*; and when that day comes it will be shown, that the spiritual nature of man must be admitted as a fact, established on the ground of a scientific demonstration.

GEORGE WYLD, M.D.

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### A REJECTED ADDRESS!

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The following is a copy of a letter which I sent to the editor of the *Lancet*, and which, surprising to relate, they have refused to insert in their valuable journal.

Yours, ALFRED DRYSDALE.

"Sirs,—As Dr. Brunton states that Hahnemann 'has done great service by teaching the curative power of unaided nature,' it seems to me that the time has now come when the medical profession should do honour to his memory. I therefore write

to suggest that the Fellows of the College of Physicians should cause a bust of Hahnemann to be placed in their entrance hall, and establish an annual Hahnemannian oration in his honour. If it is objected that this would indicate rather a startling change of front, it may be replied that the College of Physicians of the time of Harvey showed as much enmity to that great physician as it has ever shown to Hahnemann, and it has nevertheless paid similar honours to his memory.

“ Yours,

“ ALFRED DRYSDALE.

“ Cannes, April 25th, 1887.”

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

A review of *Dr. Beckett on Animal Food* is in type, and will appear next month.

Communications, &c., have been received from Dr. DUDGEON, Dr. BLACKLEY, Dr. E. BLAKE, Dr. CLARKE, Dr. GOLDSBOROUGH, Dr. BECKETT, Mr. CROSS (London); Dr. PULLAR (Norwood); Dr. HUGHES (Brighton); Dr. CLIFTON (Northampton); Mr. KNOX SHAW (St. Leonards); Dr. MACKECHNIE (Bath), &c.

## BOOKS RECEIVED.

*On Lupus Erythematosus or Bat's Wing Disease.* By Balmano Squire, M.B., Lond. London: J. & A. Churchill. 1887.—*Homœopathic League Tract.* No. 13.—*From Empiricism to Homœopathy.* By a General Practitioner. London: J. Bale & Sons, Titchfield Street. 1887.—*Publication of the Massachusetts Homœopathic Medical Society*, 1886. Vol. ix. Boston: Franklin Press. 1887.—*Une Page d'Histoire Contemporaine De L'Ecole Médicale Homœopathique.* Par le Docteur B. Schmitz. Antwerp.—*On Kronenquelle Water in Gouty Diathesis.* By C. Laucher, M.D.—*The Homœopathic World.* May. London.—*The Hospital Gazette.* May. London.—*Journal of Hydrotherapeutics.* April. London.—*Burgoyne's Monthly Journal of Pharmacy.* May. London.—*The North American Journal of Homœopathy.* April. New York.—*The New York Medical Times.* May.—*The American Homœopathist.* May. New York.—*The Chironian.* April. New York.—*The New England Medical Gazette.* May. Boston.—*The Seventeenth Annual Report of the Massachusetts Homœopathic Hospital.* Boston.—*The Hahnemannian Monthly.* April. Philadelphia.—*The Medical Era.* May. Chicago.—*The Clinique.* Feb.—April. Chicago.—*The Medical Advance.* May. Ann Arbor.—*The Clinical Review.* April. Cleveland.—*The Medical Counselor.* May.—*Revue Homœopathique Belge.* February. Brussels.—*L'Union Homœopathique.* April. Antwerp.—*Bulletin de la Soc. Med. Homœop. de France.* May.—*Allg. Homœop. Zeitung.* May. Leipsic.—*Rivista Omiopatica.* April. Rome.—*El Criterio Medico.* Feb.—April. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON DRUG ACTION.\*

By J. H. CLARKE, M.D., Edin.

THE first thing that we ought to impress upon our minds regarding the action of drugs is, that in its essence we know nothing whatever about it. We know that when we introduce into the human body a certain drug, certain results will follow ; but just in what way these results are produced, and why they are produced and not others, we do not know. It is quite possible to take the results as we see them, and from them name the drug a “stimulant” or “depressant” of this, that and the other organ, but in so doing we are only registering phenomena, and doing nothing to explain the essential action of the drug. The names are mere encumbrances, and we are much better off without them. When we say that *opium* causes sleep, and retards all the secretions, except that of the skin, we say what is perfectly intelligible ; and when we say that *opium* is a narcotic, a stimulant of the skin, and a depressant of all the other secreting organs, we are only saying the same thing in language that is anything but

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\* Read before the British Homœopathic Society, June 2nd, 1887.



intelligible. We have introduced a number of words which appear to mean a great deal more than they do, and are very apt to delude both those who use them and those who hear. How *opium* causes sleep we do not know—for the very sufficient reason that we do not know what sleep is. To call *opium* a “narcotic” does not help us in the smallest degree, but the very reverse. M. Thomas Diafoirus, in Molière’s play, gave, in fact, the only answer he could give to his examiners, when asked the question why *opium* caused sleep—“*Quare est in eo virtus dormitiva*”—Because there is in it a sleep-producing power. It looks very amusing, and as an “explanation” no doubt it is. If he had said “because it is a narcotic,” nobody would have been amused. It would have passed as a highly scientific answer. In point of fact the latter is much more deserving of ridicule. It explains no more than the other the reason why *opium* causes sleep. But it is dressed up in scientific garb, and the “very elect” are deceived by it.

The scientific mind is by nature always seeking out the causes of things—the forces and actions which underlie phenomena. It is not enough for the scientific mind to admire the beauty of the heavens, it must *know* also what all the movements of the heavenly bodies mean; it cannot be content to know that “one star differeth from another in glory,” it must also know the reason why. And as the result of this persistent questioning we have the science of astronomy as it is to-day built up by generations of philosophers. The science of astronomy has been built up through accurate observation of phenomena, and accurate reasoning on the data supplied by observation. There is just the same tendency among those who study the science of medicine, and that part of it which has to do with drug action. It is not enough to know that *opium* produces sleep, we want to know also why and how? It is inevitable and right that this should be so. How far it is possible to receive any answer to our questionings is another matter. We must proceed on the sure lines of science and enquire.

To go back to our illustration. The astronomer of to-day, by reason of the researches of his predecessors, can map out the courses of the stars, can tell just how the heavens will appear at any future time, can weigh the stars and measure their distances, he can even tell of

what they are made. But when he has done this there comes a point beyond which he cannot go. He infers that there is a force holding them all in their places and impelling them onward in their several courses. He cannot tell what that force is. He can measure its effects, and he can name it from those effects, but its essence he knows nothing of. He must be content to register phenomena and remain ignorant of what is behind them. If he were to take the name he has given to the force which he knows is there—gravitation—and then delude himself with the notion that in saying that gravitation was the cause of all the phenomena he had really added anything to our knowledge, he would be acting just as those do in our profession who think they explain the action of a drug when they say it causes “stimulation.” The word “stimulation,” like the word “gravitation,” represents certain phenomena, but explains nothing of what the forces really are that produce them.

In all scientific investigations it is necessary to have clearly before us the limits within which our research is confined, and in what directions progress is impossible. We must proceed to making sure our ground at each step; we must know the nature of the materials we have to work with; and we should have some clear notion of what we can get out of them. In an enquiry into the action of drugs, there are several important points to remember at the outset.

(1.) We have two factors: on the one hand there is the drug; and on the other there is the human organisation.

Let us ask, in the first place, is there anything in a drug—a plant or mineral—which would lead us to suppose it capable of acting either poisonously or medicinally on a human being? Is there anything in its botanical or physical properties that would lead to the inference that it had any relation whatever to the physiology of man? There is absolutely nothing. It is a fact proved by experience—and a fact that could be proved in no other way—that there is a relation between plants and minerals and the human organism. Why it should be so, we cannot tell; and it would be idle to inquire. We take the fact, and this fact gives us foot-hold for our first step in the investigation.

We have got then to this point: there is a relation between drugs and the human organisation. The “why”

of it we must leave ; progress is barred in that direction. We now come to ask " how ? "

How do drugs affect the human organism ? Before we attempt to answer this, we must make clear what we mean by " how. " " How " means two things—" in what manner as to effects ? " and " in what manner as to action ? "

To the former " how "—" what effects do drugs produce on the human organism ?"—the answer is not doubtful. By the same experience which teaches us that drugs have a relation to the physiology of man, we learn what effects ensue when the two are brought into relation. And there is no other way. By experience we know that *opium* produces sleep, and *belladonna* delirium ; and by experience only we know the special powers of each drug on the human organism. In this relation each drug has a character of its own, and the sum of its observed effects constitutes the portrait of each drug. And in this way the first " how ? " is answered. *How* do drugs affect the human organism ? They produce when administered certain effects ; and the sum of the effects observed to follow the administration of each drug, constitutes the character of that drug as distinguished from all others.

But what should we say in regard to the second " How " ? How do drugs produce their characteristic effects ? Here we are compelled to pause. We are dealing with living beings and living tissues, and before we can answer this question philosophically we must, if we are to proceed according to the dictates of true science, answer the previous question, namely, " What is life ? " We all know that this is a question that has not yet been answered. Answers have been given, it is true, and definitions have been framed, but no one has presumed to claim that his answer or his definition is satisfactory. In physiology, as in astronomy, we can go a certain way ; we can register phenomena, and we can go behind one set of phenomena to another set, and another. But there comes at last—and in no very long time—a point beyond which we cannot go. As we can infer a force of gravity, but cannot tell what that force is in its essence ; so we can infer life, but what life is essentially we cannot tell. We must rest content with its phenomena.

That there are explanations of a certain kind in physiology I do not deny. Blushing and pallor are due to

dilatation and contraction of minute blood-vessels; and this again is due to contraction or relaxation of the muscular element in their coats, or to increase or decrease of the heart's action; and again this may be due to impressions made by different emotions on the mind. But at every step we come to a point where we can go no farther. . . What is the nature of the impression which causes the blood-vessels to be relaxed? We cannot tell. We may call it "relaxant" or "depressant," but these words give no information; they only record the phenomena and do not explain them. And why should a feeling of shame produce one set of phenomena and a feeling of fear a different set? Again we do not know; and we learn nothing by giving the different effects different names. What we do learn is this, that behind all the phenomena there is a something invisible, intangible, imponderable, which we may for convenience call "force" or "life." What that "force" or "life" is we can only know as it appeals to our sense and our understanding in so far as our senses and our understanding can apprehend its effects. There is a difference between an amoeba, or a white cell of the blood, at the moment when it ceases to respond to all outside influences, and at the moment before. What that difference is neither chemist, physicist nor biologist can tell us. All that can be said is that at one moment it was living and at the next it was dead. Something has gone from it; that something is what we call life. What we know of life is only its phenomena.

From this it follows that in the investigation of drug action, which deals with the peculiar powers of drugs in relation to the living organism—we must be content to limit our enquiry to the effects produced by drugs on the phenomena of life. We cannot really "explain" the essential action of drugs until we have explained essential life; for it is the action and reaction of the drug and the living organism that produce the phenomena. Here we find the characteristics of the different drugs depicted as in a mirror; and to attempt to learn their characters in any other way, is about as sensible as it would be to cut a hole through a mirror or go round it, in order to get at the image.

In order to appreciate how little we know of what life is, let us look for a moment at the difference between the two sciences of anatomy and physiology. Anatomy is a

perfectly well defined science ; and about as thoroughly well understood as any science can be. It deals with the structures of the human body, their relative positions one to another, the size, shape, and appearance of each, and their structure. Anatomy deals with still life ; it is studied on the dead body and dead tissues ; it takes no cognizance of the changes that are taking place in the living body. Very rightly a knowledge of anatomy is insisted on in the schools as a matter of paramount importance. Here it is possible to *know*. But introduce the element of life. At once there is a marvellous change. Those tissues and organs that before we could watch at our leisure and describe in all their characteristics, have now a new element added to them that eludes the sharpest eye to trace, and the cleverest pen to describe. All is now unrest and change. A few steps in the series of changes we can trace ; but in every direction we are being stopped by some impassable barrier. And if we do get beyond a barrier that seemed impassable once, it is only to find another beyond that. We can trace the food along the channels by which it enters the blood-vessels ; but we cannot tell for certain how it is converted into blood. We can trace a connection between distant parts of the nervous system and different organs and their functions, but we cannot tell how far the one is dependent on the other. We may think that by cutting the connection in a living animal we shall find out ; but in order to do this we must violate the integrity of the organism and destroy the conditions which we wish to observe. The text-books of physiology with their endless conflicting theories can answer for this.

Passing from the reading of a work on anatomy to the reading of one on physiology, is passing into a different world. In the one science all is known, and the only differences among writers are differences as to the best description of what is. In the other science you cannot go a step but what some unanswered question meets you. And all these questions are one and the same question in innumerable forms—What is life ? And all the interminable disputes among physiologists have arisen from the different answers each one gives to this question. For my part, I do not see how it is ever going to be answered. Certainly it will not be answered by the favourite methods of the present day—the mutilation of living animals.

This only ends in the discovery of "centres" which have no objective existence, and in which few besides their "discoverers" believe—theories which only confuse vision instead of making it clearer. If physiologists would be content to state the facts that are definitely known in their proper sequence and relations, and put up signals to mark where our knowledge fails, physiology would not be the limbo of conflicting views and exploded theories that it is; but physiologists will not be content to do this. The unknown ground they label, according to some theory, with a word which means nothing though it seems to mean much; and then there is a battle royal over the label, and according as one sect prevails over another, the standard label of the victorious party is raised and that of the others torn down. To-day it is the Archæus of Van Helmont that explains everything; to-morrow the "Internal or concealed spirituous or nervous man which governs the whole machine" of Boerhaave; then it is Haller's label, the beautiful, simple, and terse label of "Irritability"; again it is Cullen's "Excitement of the Nervous System;" and again Brown's "Excitability." There has been bloodshed over some of these labels, and yet I think you will see that they all amount to exactly the same thing, namely, that there is something underlying all the phenomena of animated nature that we have not fathomed, and which our faculties are not sufficient to enable us to fathom, but only to observe its manifestations. Nor is it necessary that we should be able to fathom all the mysteries of our being. We live in a world of appearances, and if we were able to penetrate to the forces beneath, it might render the work of life more difficult instead of easier. Though we know that the earth goes round the sun instead of the sun going round the earth, we still speak of sun-rise and sun-set, and live as if the sun did actually rise and set, as our forefathers lived, who knew no better. And so it seems to me that we should be no better able to cope with disease if we could solve the problem of the mystery of life. At any rate we have something to work on in the phenomena of life, and as sensible people we are bound to take them and make the best of them, without crying for what we cannot reach, as children are said to cry for the moon. It may be that the best use of the pheno-

mena at our disposal is the best use that is possible for us.

It was necessary for me to speak at length on the subject of physiology because the delusions of the physiologist have of late years been imported wholesale into the study of the action of drugs. A new science\* has sprung up—the science of pharmacology; and pharmacology is the physiology of drug action. Or to put it more exactly it is the effect of drugs on the physiology of animals. It is the physiology of animated beings disordered by drugs, as pathology is the physiology of animated beings disordered by disease.

The modern physiologist derides the notion of the Archæus, or the spiritual man; and sometimes he denies the existence of any immaterial force underlying the phenomena of life. He uses the word “vitality” because it is convenient; but he explains it as meaning the sum of the forces appertaining to the various organs and tissues of the body. He regards the material part of the body as secreting, so to speak, the immaterial part. The word “evolution” is looked upon as a sufficient explanation of all that is mysterious; and the practical deduction drawn from these premises is, that there is no part of the animal organism that is beyond the power of the human intellect to investigate and understand. All is explainable, and explanations are to be sought for everything. The facts of life have come to be of much less importance than the explanations, each explainer being ready to fight to the death for his own particular one.

This passion for explanation finds ample scope for its indulgence in the new pseudo-science of pharmacology. Drugs produce certain effects; it is not enough, they say, that we should know this, we must find the explanation. If we suggest that the pure effects of the drug must be observed on the entire organism, they reply (as one of them did to myself), “The problem presented by the effects of a drug on the entire organism is too complicated for us to understand, and we can only arrive at a definite knowledge of the action of medicines by experimental analysis.” But surely the only *definite* knowledge we

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\* “Pseudo-science” I should have said. The new science of pharmacology is that expounded by Hahnemann, as I have stated below.



can have of a drug's action is a knowledge of its effects—and that we can know perfectly well. Any knowledge obtained by “experimental analysis”—by which my correspondent meant vivisection—the cutting up of animals into small pieces and observing the effect on each separated piece—any knowledge of this kind is merely a knowledge of effects—effects of the drug *plus* the effects of mutilation. Pharmacologists think otherwise. They have a few words with which they delude themselves and the medical world, such as “centres,” “depression,” “stimulation.” These words mean nothing more than that when you do certain things to certain parts certain effects follow, and according as the effects are of a certain kind “stimulation” is said to have taken place, and when of another kind, “depression,” and the part of the nervous system supposed to be acted upon is called “centre.” It is merely the translation of observed effects into terms of “stimulation,” “depression” or “centres.”

What is a nerve centre? Dr. Lauder Brunton (*Pharmacology and Therap.*, 139) says: “By nerve centres we simply mean the groups of cells and fibres which are concerned in the performance of certain acts.” He goes on to say that the same group of cells may be the “centre” for several different acts. The term in short is a term of convenience, and simply expresses the fact that there is a relation between the functions of certain parts of the nervous system and the functions of certain other parts of the body. The talk about centres “controlling” and doing this, that, and the other is pure inference, and is, in fact, anything rather than the “definite knowledge” which is the pharmacologist's supposed desideratum. It is plain then that the term “centre” cannot help us to understand drug action, because it is merely another way of stating the observed effects of drugs, and not an explanation.

Now let us try “stimulation.” In treating of cardiac stimulants, Dr. Brunton says: “Stimulation is observed by increased energy of contraction, the rate of pulsation remaining the same or becoming slower,” p. 276. Then, what is “stimulation?” It is just the same as with “centres”—it is a name merely. It is the name given to the action which results in certain phenomena; but it does not explain what that action is in itself. And the

same may be said of "depression." When a drug is administered to an animal, and certain effects ensue, the action is called according as they are characterised by increased or decreased energy, "stimulation," or "depression." But supposing we could see the drugs at work apart from their ultimate effects; supposing we could see them in the nerve cells, or in the muscle tissues, we should not be able to tell what their action was, whether "stimulation" or "depression." From this it follows that the translation of the phenomena of drug action into terms of "stimulation," "depression," and the like are no real explanation at all, and provide no true knowledge. It is in reality a retrogression. We can have *definite* knowledge of drug effects, but when we translate them into terms of the unknown, as these terms really are, all definite knowledge is impossible.

As a proof of the truth of what I say, and a standing monument of the futility of all this striving after explanations, I cannot do better than refer to Dr. Brunton's—not great, but big—book on *Pharmacology, Therapeutics, and Materia Medica*. In this are to be found all that the chief exponents of this pseudo-science—this science which leads to no definite knowledge—have been doing and are doing in their self-imposed labours of Sisyphus, and I would take this opportunity of asking you to look carefully at its results. If an useful therapeutic measure that can be legitimately traced to these so-called explainings can be discovered in them, that will be done which has not been accomplished hitherto. I say *legitimately*, because it is the fashion of these investigators—ignorantly or knowingly, I cannot say—to take well-known therapeutic facts, and having "explained" them, as they suppose, forthwith attribute the discovery of the facts to the explanation! Against jugglery of this kind I protest.

But is there no true science of pharmacology? No true science of drug action? Yes; there is. Science is knowledge; and we do undoubtedly know much about drugs and their action. But we must be content to know drug action just as we know the force of gravity—by its effects. We know the effects of the force of gravity; we know the laws of its action; and knowing these we are able to make the force serve us just as well as if we knew what it is in its essence. We can read the laws by

observing its effects, and we can anticipate its effects and in a certain way "explain" them by reference to the laws; but in the end we must confess that the explanation is not really an explanation, the laws themselves being mere inferences from observed effects. And with drug action it is just the same. All we know really is the effect we can observe after a drug has been administered. We can, by comparing one set of effects with another, spell out certain laws of drug action. But these laws do not afford any real explanation of the drug effect, being themselves only deductions from effects observed.

In this way, and in no other way is it possible, to obtain "definite knowledge" of the action of drugs. Drugs manifest their real character by the alterations they produce in the appearance and sensations of those to whom they are administered. The study of these constitutes the true science of pharmacology; and to interpret these appearances into obscure language of "stimulation" or "depression" of tissues and nerve "centres" confuses the understanding, and takes us from the solid ground of fact into the abyss of speculation.

The founder of the true science of pharmacology is, I need not remind you, Samuel Hahnemann. He was the first who had the courage and the strength to sweep away the dust of ages from the *materia medica*, and give to the world a *materia medica* of the pure effects of drug action. Then first it was possible to know what the true character of drugs was. Before that we could only know the opinions of various people about them. Since Hahnemann has shown us how, any one of us can test the powers of a drug upon his own person, and have the evidence absolutely at first hand.

The futility of any other method of studying drug action than that of observing its "effects on the entire organism" is still more plainly seen when we apply this knowledge in the treatment of the sick. Hahnemann took his stand on the undoubted effect of *cinchona bark* in curing patients of ague. Asked the question "how?" Cullen's answer to this question was—by tonic action on the stomach. This did not satisfy the acute intelligence of Hahnemann. He took some of the *bark*, being himself in health at the time. He then from this *cinchona* produced in himself a condition indistinguishable from a paroxysm of ague. This was not an explanation;

but it was another fact, and Hahnemann at once saw its importance. *Cinchona* could not only cure patients who had ague of their disease, but it could cause ague in those who had not got it. From this observation the idea flashed on Hahnemann's mind that the way to find out the curative powers of drugs was not by framing theories explanatory of their action, but by testing that action on healthy persons. The pictures of disease exhibited in persons under the influence of drugs gave the clue to the cases of disease they were capable of curing.

In this way Hahnemann built up his *Materia Medica Pura*. He recorded simply the positive effect of drugs, and gave no theories as to their action. Drugs, he contended, and truly, can be known only by their effects. The actions of drugs on the human organism can only be known by testing them on the healthy and entire human organism. The framing of theories explanatory of these effects is worse than useless. When we come to apply our knowledge to the treatment of the sick we have something definite in their positive effects, and something always available. Of what use would it be to us even supposing we could know exactly what "centre" a certain drug acted on, and whether it "stimulated" or "depressed" that centre; and supposing we knew exactly what we meant by these terms? When we came to apply this "knowledge" in practice, we should be at once met with the theories of pathology. Before it would be available we should require to know in every illness what "centre" was in need of stimulation or depression. But as every one knows, whilst the facts of pathology, the appearances and sensations presented in diseased persons, and the appearances to be observed after disease, are tolerably well known and definite, the theories explaining these appearances are innumerable. So it follows that until the pathological doctrines are agreed upon by all our knowledge of the "centre-stimulating" action of drugs will be of no use to us whatever; whereas the effects of drugs observable on the healthy, and the phenomena of disease, are each perfect, definite, and always reliable. In clinical features, diseases known in the days of Hippocrates are recognisable to-day; and in their power to derange health the characters of drugs have not changed. Hence we are far better off for the practical purposes of our calling in being able to read the characters of drugs

in their effects on the entire human organism, than if we could reduce those effects to the unknown terms of "stimulation" and "depression."

At the International Medical Congress held in London in 1881, Professor Huxley said, referring to the work of the pharmacologist of Dr. Brunton's type:—"There can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of affecting, in any desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism which, like a very cunningly devised torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the rest untouched."

This is a very fair description of what Hahnemann achieved for medicine nearly a hundred years ago. Modern pseudo-pharmacologists have done nothing whatever towards the attainment of this result. They refuse to look at Hahnemann's work, by virtue of which every practitioner of homœopathy is, every day of his life, sending a "cunningly devised torpedo" to the very spot he wishes it to affect, whether in the way of "exploding" what needs removing, or doing whatever other work he wishes. But it was not by the methods of modern pharmacologists that Hahnemann made his discovery; nor will they reach the goal Professor Huxley set before them if they keep on in their own way. Hahnemann found out the specific affinity of each drug for specific parts of the human body by observing the phenomena following their administration to healthy human beings; and, acting on the law which he discovered of the specific relation between the effect of drugs on the healthy and on the diseased, he inferred what their curative powers would be from their effects on the healthy. And experience proved his inference true. He took fact for his starting point, and on fact he built up his system.

That there is a specific relation between the powers of drugs to derange health and to restore health when deranged in a similar way from other causes is admitted in the most popular books on therapeutics of the day. It is true that the fact is not then confirmed; on the contrary, certain "explanations" of the fact are vouchsafed, which clearly proves that likes curing likes is not

homœopathy! It is "substitution" or something else that nobody knows anything about. Homœopathy knows nothing of theories. When *ipêcacuanha* cures a patient suffering from sickness, this is an instance of a disease being removed by a medicine capable of producing a similar disease. The "how," as I have said, we must leave; and we lose nothing by leaving it. Homœopathy does no more than assert the relation. It leaves altogether the question of the manner of the drug's operation. Hahnemann had theories it is true, but they do not affect the meaning of the term homœopathy. To say that the example above mentioned of drug action is not homœopathy but "substitution" is to say that one and one do not make two but a theoretical unknown quantity. The two cannot be put in the place of one another. Homœopathy asserts a fact; "substitution" asserts an explanation of the fact.

And now I think we have cleared our decks and are ready for action. The study of the action of drugs is the study of what drugs *do* and can do, and we need not concern ourselves with what we or anyone else may choose to think of the precise manner in which they do it. There will be time enough for study of this kind when we have found a satisfactory answer to the question, "What is life?" In the meantime speculation is idle, and if any of us are at all inclined that way, we may well postpone it until we have retired from practice with a fortune. It will be found to be an inexpensive amusement, and perfectly harmless.

And though we have thrown overboard all the useless lumber of speculations and explanations that themselves need more explaining than what they purport to explain, there is no lack of more profitable work left us. It is no light undertaking to possess one's self of the character of the different drugs so as to be able to tell just what each will do under any given set of circumstances. Only there is this immense consolation, that whatever labour we spend on this work we can use with effect for the good of our patients. And the work, though difficult, is by no means dry and uninteresting. It puts a demand on the memory and the intellect; but so does every other study that is of worth, and so do many that are worthless. But the pleasure—the mere intellectual pleasure, I mean, quite apart from the much higher and more

substantial pleasure that comes with increased power of doing good—the pleasure far exceeds the pains of study. There is something wonderful when we see, after the botanist, the gardener, the farmer, and the merchant have told us all they know of the beauties, the habits, and the uses of a plant, an entirely unsuspected power develop when questioned in Hahnemann's way. Who could tell the powers for good and ill that lurk in the beautiful Monkshood from a mere examination of its action and form? Or who could describe the powers of *arsenic* from an examination of its crystals under the microscope, or by testing its reactions in the chemical laboratory? There is not even an analogy between the characters of drugs in their different spheres. When we come to the power of drugs over the living organisms we enter a new world, and we must explore its wonders in a different way from that of the botanist and the chemist.

Through the labour of Hahnemann and his followers who have investigated this new world we have a chart to guide us. In their own persons they have tested the actions of drugs, and put down, without attempt at explanation, just what they experienced. Out of these materials, the changes, pains, sensations actually produced by drugs, pictures of their powers have been drawn, as it were by nature's own hand, and the materials provided by their experience have been supplemented by the records of poisonings. These materials have been arranged in such a form as to show the relation of any drug to each part of the human organism. Each proving and each poisoning does not exhibit *all* the effects of any drug; and therefore, for the sake of reference, it was necessary to put all the symptoms relating to any one part in the same category. The method followed has been, with few variations, that of Hahnemann himself.

To learn by heart all the symptoms ever produced by every drug is an impossibility; but it is far from impossible to get from a study of the symptoms such an intimate knowledge of the character of a drug as to be able to recognise its parallel in the manifestations of disease, and to apply it with excellent effect in practice. And when a case comes before us which we cannot fit with the right remedy in this way, it is still possible for us to find the medicine we want by referring to the various indices or "repertories" to the *Materia Medica*. There



we find a concordance which will tell us under the symptoms we meet with in our patients the names of the drugs which have been known to cause these symptoms; and reference to the *Materia Medica* will then enable us to compare the different drugs with each other and with the case we are treating, and to select the one whose symptoms resemble those of our case most exactly.

Such work as this is not light, but there is this consolation, that though the work looked at as a whole may be appalling, each bit of it we master can be used at once, and the best way to learn more is to use well what we possess. A passion for investigation may well be satisfied by the worlds lying around us all unexplored. Next to nothing is known of the law of dose; the law of periodicity; and the law of tolerance. We know a few facts about these various questions, but they still await future Hahnemanns who shall arrange the knowledge we have, and supply other facts we have not yet found, to reduce to law and order what we know, as Hahnemann's discovery reduced to order what was previously known of the administration of drugs and indefinitely added to that knowledge.

#### DISCUSSION.

Dr. ROTH (president) said they had heard with great pleasure the paper which Dr. Clarke had read, which had the merit of reminding them of how little was actually known, and why so little was known, and of encouraging them all to further study. He would now only ask the gentlemen present to give the meeting their opinions on the subject.

Dr. POPE could not quite share Dr. Clarke's feeling that in certain branches of medical study progress could not be expected. It did not follow that because they could not at present go beyond certain points of knowledge they were never to go further. There was no finality in science; and he yet hoped that they would know more of the secrets of life and of drug action than they did at present. Their want of knowledge should not lead them to suppose that additional knowledge was not attainable by increased study, but should rather stimulate them to further researches. No doubt the terms "stimulation" "depression," and others referred to by Dr. Clarke, did not explain the processes such words summarised the effects of. They were not terms of interpretation at all, but useful names for certain sets of effects, and, as such, were hardly deserving of the obloquy which Dr. Clarke seemed dis-

posed to cast upon them. As to pharmacology, Dr. Clarke had, in one part of his interesting paper, referred to it as a modern science, though at a later portion he, with more justice, had traced its origin to Hahnemann. Pharmacology as a real science was distinctly founded by Hahnemann, while Lauder Brunton, Fraser, and others had not the slightest right to claim it as the result of their researches. Neither could he share the view held by Dr. Clarke that the exhibition of drugs in poisonous quantities to the lower animals was unjustifiable or useless. The experiments made with tartar emetic in the lower animals was one of the many illustrations of the valuable knowledge that might be derived from this source. These experiments had shown that its effects were due to actual congestion of the lungs, and not to any of those disturbances of innervation in the spinal cord, which give rise to dyspnoea and cough. The fact was that we could not afford to dispense with any source of knowledge. The very consciousness that we had much yet to learn, both in physiology and therapeutics, should act as a stimulus to investigate further and further and acquire more and yet more, and although they might not at present know much regarding the nature of drug action which Dr. Clarke thought it so impossible for them to increase the knowledge of, he fully believed that much more would be discovered, and add greatly to the advantage of both physicians and patients.

Dr. RING (New York) who, as a visitor, was called upon, said that Dr. Pope had expressed his sentiments fully, especially with respect to the study of the effects of drugs upon the lower animals. Medical science was much indebted to researches of that kind for knowing more of life than had formerly been known. He had, however, been often struck with the fact that while the law of similars pre-supposed that they must find symptoms in the sick to indicate the drugs which should be prescribed, they sometimes got cases where there were really no symptoms to give such an indication. During four years of hospital practice he had had under his observation many cases of carcinoma and had devoted some time to the study of that disease, but beyond ameliorating the gnawing pain he had not been able to influence its course. He had started with the idea of treating the patient, not the disease, and had studied carefully the indications for treatment but without result. He then selected drugs which were known to produce effects on the mammary glands but still the disease went on. He found himself able to mitigate the cachexia with medicines, but beyond that had had little results. They had a large materia medica gathered from the animal, vegetable and mineral kingdoms, and many more substances remained

to be studied, and no doubt in provings of some of these they might yet discover new and effective remedies, though he doubted if any would be found effectual in cancer. There were no drugs which produced carcinoma or any growth like it. It had been taught by good teachers that they should cover by their prescriptions the whole of the symptoms of a given case; but practice had not shown him that this was practicable in cancer.

Dr. HUGHES agreed with so much that Dr. Clarke had said that he hesitated to differ from him on any point; but he could not help referring to the stress with which he had dwelt upon the limitations of useful knowledge. Evidently his ideal science was anatomy; but the character of anatomy was descriptive, and answered to geography rather than geology. It answered the "what" not the "how" nor the "why." Anatomy simply consisted of careful descriptions of bodily organs; but if they limited themselves to the "graphy" and excluded the "logy" sciences could not be. Restricted to the mere "graphy" astronomy would remain a mere description of the appearances of the heavens, and the discoveries of Galileo, Kepler, Newton, and others, could not have been made. Now, pharmacology was a "logy" not a "graphy," and he could not feel with Dr. Clarke in his dislike to efforts to turn the "graphy" into a "logy," and certainly could not agree with him that it is worse than useless. No doubt there is a distinction between "art" and "science," but the art leads to the science, which, in its turn, perfects the art. They must not ask "*Cui bono?*" at every step. The healthy appetite for knowledge should not be blunted or narcotised. "Let knowledge grow from more to more." And, also, any feeling they might have as to experiments on the lower animals should not be allowed to prejudice the question whether knowledge so gained could be serviceable. Nor should our ignorance of the essential nature of life be allowed to discourage us from attempts to understand what may be found possible. No one doubts the existence of gravitation as a force, though diversities of opinion have arisen as to its *modus operandi*. Some think it is a "push" not a "pull" across spaces which produces the phenomena of gravity. All, however, agree that there is some force which, like magnetism, apparently has attractive power, and whatever may be its real nature, astronomy has gained much from such an idea, and it has led to most valuable results. And similarly as to drugs, any knowledge whatever that we can gain of the laws which govern their action must help us. Take the action of *belladonna* on the pupil; the fact that the dilation of the pupil is purely a local effect, even when the drug is given internally,

is certainly of great use, and leads us to understand that *belladonna* may often be indicated, as it is, in affections of the brain, where the pupil is not dilated but contracted. The moral of the whole is, Do not let us despise any knowledge because we cannot see the immediate applications of it.

Dr. DUDGEON said that the subject of Dr. Clarke's paper was a most interesting one, and he certainly did not gather that its argument denied the importance of theorising in judging of facts. The imagination is of great value in science for classifying and arranging facts, but of course they must be sure of their facts. Medical men had unfortunately speculated independently of facts and had framed hypotheses regarding the nature of diseases and the actions of medicines. The medical theories of three thousand years had passed away having no substratum of facts. No doubt the conclusions of their predecessors as to the efficacy of bleeding was a deduction from supposed facts, but they knew now that they were mistaken in the very facts on which they relied. It was not till Hahnemann appeared and shovelled off all the dust of theories and laid the true science of pharmacology before them, and gave them a *materia medica* based upon fact that they were now in possession of a *materia medica* founded on facts, not assumptions. Since his time there had been a number of speculators who, undaunted by the miserable failures of their predecessors, and ignorant of what Hahnemann had done, still went on spinning their theories as to the mode of action of medicine. Brunton's *Pharmacology* consisted mainly of unproved facts and speculations. They could not fail to be struck with the utter want of connection between his facts and his therapeutic conclusions. For example *staphisagria*, he says, stimulates the pneumo-gastric and inhibits the vaso motor centres, or does something equally surprising, but when we turned to the body of the work to find its therapeutic uses, all the author has to say of these is that it was sometimes used for destroying vermin in the head. Dr. Pope had mentioned as showing the advantage of making experiments on animals that it had been thereby shown that *tartar emetic* produces congestion of the lung and that the dyspnoea which follows its administration is not due to an affection of the spinal cord. But after all were these observations of Majendie of real use as to medicine? *Tartar emetic* was prescribed for inflammation of the lungs long before Majendie experimented on rabbits, and his discovery that it caused inflammation of the lungs in those animals would deter every conscientious allopath from prescribing it in pneumonia. The unreliability of inferring the effects of drugs on man from experiments with them on animals was well shown in

the experiments of a physiologist, whose name he had forgotten, with *caffeine*. When given to the common frog it caused tetanic spasms, but when given to the eatable frog it caused relaxation and placidity of the muscles. The only perceptible difference between these two frogs was that one had a green, the other a brown coat. What inference could be drawn from its action in either case as to its effect on the human organism? With regard to Dr. Clarke's objections to learned phraseology, he thought that no one who had observed the comforting effect of a technical name on patients could doubt that they had some uses. They must not, therefore, rashly abandon learned expressions, which were as comforting to many patients as the word Mesopotamia was to the old lady of the story.

Dr. HALE expressed disappointment and discouragement as he listened to Dr. Clarke's paper. He agreed with much that was negative in the paper, in fact the paper was made up of reiterated negations. *The Rationale of Drug Action* being the title of the paper, he had hoped instead of negations that there would have been some encouragement to feel after, if haply we may find, the truth in therapeutics. He, however, felt rather like Sancho Panza, with this exception, that Sancho Panza had a real feast of which he was cheated, while Dr. Hale's expected feast was what his own hopes had pictured to his imagination. There was no cause, however, to be discouraged. He agreed with Dr. Pope that there was no finality in true science. He asked Dr. Clarke what would modern physiology be had not Harvey, John Hunter, and others, experimentally followed the inductive method. As homœopathsists every thinking man of them must confess that if guided only by symptomatology the search for the homœopathic remedy in the treatment of disease was, so to speak, too mechanical in cases where the law of similars was not in close relation to the pathological condition of the affected organ or organs. They ought not, as scientific practitioners, to be satisfied with this mechanical method, and ought to strive to obtain the knowledge that would render their practice more scientific. It seemed to him that they were justified in utilising every discovery of modern experimentalists such as Ferrier, Lauder Brunton, and others. Ferrier's discoveries of the localisation of organic centres in the brain Dr. Hale considered of infinite value as a means of diagnosis, and they ought to avail themselves of the information which such discoveries afforded. With regard to experiments with drugs as an example, was it not of some value to know that *nitrite of amyle* paralysed the vaso motor nerves? The pathogenetic action of this drug was thus pathologically explained. Such knowledge must lead

to practical results in medicine. Even hypothesis, and the scientific exercise of the imagination, were by Dr. Tyndall, of all men the severest reasoner from facts, considered aids to further discoveries. Again, the molecular condition of organs, and the relation drugs might hold to those conditions disturbed or altered by disease, would probably enter into future investigations in therapeutics. He concluded by expressing a hope that some day a true explanation of the rationale of drug action would be attempted.

Dr. PULLAR said it was interesting to hear the experience of a practitioner like Dr. Hale, but he could not share his discouragement at Dr. Clarke's paper, which was a very interesting one on a most difficult subject, namely, *The Rationale of Drug Action*. The fact that it would be desirable to have full explanations of that action should stimulate them to enquiry, but in their present state of knowledge they had to rely upon the positive effects of medicines solely. If Dr. Hale was in search of an elaborate account of the action of drugs he would not find it in homœopathy, which was based simply upon the effects of medicines as set forth in the pathogenetic records.

Physiological theories were useful for throwing indirect light on the action of remedies, although in practice these hypotheses were often found unworkable. Homœopathic practitioners were not dependent upon theories of drug action, and their medication, resting as it did upon facts, was the most scientific method yet known. In the treatment of the forms of organic disease referred to by Dr. Ring, there were many misleading factors which would partially account for his want of success; but even there homœopathy had many resources which were not open to the practitioners of the old school.

Mr. DEANE BUTCHER said that like Dr. Hale he was tempted to come from some distance by the attractive title of the Paper, and like Dr. Hale he was rather disappointed, only happily so. He had feared that Dr. Clarke was going to add one more to the many theories already existing. There was nothing more fascinating, and nothing more futile, than the attempt to explain the theory of the homœopathic action of medicines in the present state of our knowledge. Some day in the near future he hoped that the action of some one medicine would be explained, and thus light be thrown on a most difficult but interesting study. It has been said that homœopathy was the "negation of all science;" but if it was not the head and front, in fact the *ne plus ultra* of medical science, it was nothing. Hahnemann was a passed master of all the sciences of his day, and it would be well if his followers could imitate the distinguished founder of homœopathy in his study of physical science. While homœopaths had set the example



of the experimental study of drug action, they ought to be thankful for any new experimental *data* from whatever quarter they came. Homœopathy was essentially an experimental science, and objections to experiments came with rather a bad grace from their school. Of the utility of experiments on human beings there could be no manner of doubt. Experiments on animals were simpler, and could be controlled and repeated; therefore much might be learned even from the humble green and brown frogs. The scientific imagination was especially requisite in the exploration of this tangled forest of fact and theory. The mental view of a pathway in the explorer's mind must precede the cutting of the road through it. It was given to but few men to see instinctively the direction in which enquirers should go. In conclusion the whole tendency and analogy of art and science of the physical and even the moral world was in favour of the general law of similars. The enormous force of infinitesimal doses was also being recognised in every branch of enquiry, and it all tended to illustrate and enforce the doctrines of our school.

Dr. GALLEY BLACKLEY said that if they had all come expecting to have a complete explanation of the *modus operandi* of drugs he feared they were all disappointed; but in one point they were not disappointed, they had had a most interesting discussion, in fact a model of what the discussions of the Society should be. It was only due to Dr. Clarke to say that his title was simply *The Rationale of Drug Action*, not of homœopathic drug action. Of course if they went back to first principles, and if they wanted to know the *reason* of the effects of drugs on white blood corpuscles they would fail. But for all that he confessed to a lingering affection for some sort of explanation, and he concurred with Dr. Hale as to the desirability of at least attempting, as far as possible, to arrive at an explanation of drug action. The physical basis of disease had been brought prominently forward, and no doubt attempts would be made to explain drug diseases. Dr. Clarke seemed to have a great admiration for the "graphy" of Hahnemann's scheme as opposed to the "logy"; but of symptoms the large majority are, after all, physiological and not anatomical. With regard to the use of terms such as "centres," "stimulation," and others, he must say he did not agree with Dr. Clarke. The term "inflammation," for example, called to mind a certain series of symptoms, and was a substitute for a description in fact. The terminology of medicine was at least as useful as the signs used by mathematicians, which were not only convenient but indispensable. The remarks made by Dr. Ring were very interesting, but they were only another way of saying that we must look for a pathological basis in



using drugs, and so long as we *kept to facts* there was no harm in this whatever ; but it must be borne in mind that these facts might be not merely the naked eye appearances, but symptoms subjective or objective, indicative of disordered functions of the structures of the body.

Dr. ROTH then called upon Dr. Clarke to reply.

Dr. CLARKE said that Dr. Dudgeon had answered the more important of the several points which had been referred to. Much had been made of his allusions to terms. He did not object to terms, only to that use of them which really gave an impression to students that they actually explained something. The word "stimulation" explained nothing. To use such names as if they did was simply bad and delusive, and he only objected to that use of them. He would be most sorry to give discouraging ideas ; but he was anxious that they should all be sure of their facts. This was the only true ground for progress. As to experiments on animals, the greatest discoveries, such as those of Harvey and Hunter, were made without them. Dr. Hale seemed to think that Ferrier had discovered the localisation of the functions of the brain, but he could not concur in that view. Dr. Brunton had set going a lot of theories and placed a mass of useless knowledge before students in a misleading way. With regard to the title of his paper, it originally was merely *Drug Action*, but that had seemed too vague and he had added *The Rationale of*, not as fully expressing its character, but as giving a better idea of its drift.

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## CALCAREA CARBONICA IN HEPATIC AND RENAL COLIC.

By A. SPEIRS ALEXANDER, M.B.

SOMEONE has said that pain is a blessing. Be that as it may, it is one of the chief causes which lead sufferers to seek the aid of the physician. The methods of relieving it are, perhaps, as numerous as the causes of the pain, some being effectual and harmless, others fraught with dangers which may ultimately become more serious than the original complaint.

A hard-working business man gets run down from the constant wear and tear of city life, and becomes the victim, perhaps, of neuralgia. He applies to his medical adviser for relief, which, his case being urgent, must be speedy. The needle of a hypodermic syringe is thrust into

his arm, and a quarter of a grain of *morphia* infused into his blood. In a few moments his torments have ceased, and with a feeling of unnatural invigoration he once more plunges into the daily round of toil and excitement. In a few hours, however, the pain returns. Again, and yet again, he is placed under the influence of the deadly "pain-killer." At length, he purchases a syringe for himself, uses it daily with increasing frequency—not now for the relief of his neuralgia, but for that of the profound depression resulting from the repeated use of the drug—till, ere long, he becomes a degraded slave to the *morphia* habit.

There are, however, circumstances in which the use of *morphia* is not only justifiable, but imperative. Among such, are those most painful of maladies, hepatic and renal colic. Few medical men would refuse to administer it when witnessing agonies which wring cries and groans even from strong and brave men. But if there be yet a better way, as effectual in relieving, and unattended by any risk, how thankful ought the physician to be to avail himself of it.

What resources does specific medicine afford in such circumstances? It has been asserted by Hughes and others that *calcarea carbonica* has the power of relieving pain of this kind. Says Hughes, in remarking on the various uses of this drug, "One of these is of a very curious kind. . . . It is its power, when given in repeated doses of the 30th dilution, of relieving the pain attending the passage of biliary (Dr. Bayes says also of renal) calculi. It has for me quite superseded the need of *chloroform*, and even of the hot bath."\*

This statement has been corroborated by some, called in question by others, and contradicted by many. To those, however, who are in the habit of observing the almost miraculous effects of many homœopathically selected remedies, the assertion, especially coming from so good an authority, need not cause much surprise. Before giving utterance to any opinion, the physician's duty is to put the drug to the test. This the writer has repeatedly done, and it is with the purpose of offering fresh evidence on the subject that these lines are penned.

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\* *A Manual of Pharmacodynamics*, 4th edition, p. 344.

CASE I.—HEPATIC COLIC.

On November 9th, 1886, Mr. B. consulted me on account of the following symptoms. For some months he had been the subject of frequent attacks of pain in the hepatic region, epigastrium, and back between the scapulæ. The pain would come on suddenly, often during the night, being of an inexpressibly severe character, and causing faintness, dyspnœa, and cold perspiration. The paroxysm lasted for a period varying from one to four or more hours, and ceased as suddenly as it began. Slight jaundice often followed the attacks. It was evident that the case was one of hepatic colic, and I therefore prescribed *calcareo carbonica* 30, a dose to be taken every fifteen minutes during the attack.

On November 30th, this patient reported that two attacks had occurred since his last visit. During each of them he had taken the remedy as desired, and on both occasions the pain passed away gradually, while the medicine was being taken.

On December 15th, he returned, saying that two days previously he had been seized again with violent pain in the liver, back and stomach. He at once took *calcareo*, and again the pain gradually declined, but did not entirely disappear till 11 p.m., when it ceased suddenly. The patient at this visit produced a stone, about the size of a pea, which he had found on washing and straining through a hair sieve the motion passed after the attack. It was grayish in colour, faceted externally, and the section had the glistening crystalline appearance of cholesterine. I still have this calculus in my possession.

Of course I was greatly delighted, and the patient no less so. He inquired if the medicine was a preparation of opium, having heard that that drug was often used as an anodyne. "At any rate," he added, "I don't care if an attack does come again, as long as I have this medicine."

But alas, for the fleeting character of human hopes! A few days later, another severe attack occurred, and this time, *calcareo* had no effect whatever.

CASE II.

Mr. R., æt. 51, retired naval engineer. On June 8th, 1887, I was sent for early in the morning to see this

patient. On my arrival, I found him in bed, writhing with pain, the severity of which was portrayed on his countenance. He was sitting up, rocking his body to and fro, groaning, and gasping for breath. The pulse was small and rapid, the extremities cold, and his face suffused with clammy sweat.

This had been going on for more than 24 hours, his wife said, but the pain had become much worse during the preceding night. There was slight jaundice already, and I felt little doubt as to the nature of the case. I was also told that the patient had before suffered from gall-stones. As in the case already related, *calcaria carbonica* 30 was now administered, a dose being given every few minutes. Before long he appeared somewhat easier, and, directing him to take the medicine frequently, I left, promising to return in a few hours. At 1 p.m. I went back, and found my patient just awaking from a sound sleep. The pain had steadily continued to subside, he said, and he had soon dropped off to sleep. As I stood talking to him, he suddenly exclaimed, with a look of alarm: "There it comes again!" I gave him his medicine, and in a minute the drawn features relaxed, and he lay back quietly, free from pain. The following morning, he was bright and cheerful, said he had slept all night, and that there had been no recurrence of pain.

The bowels had acted freely, and I was shown several small objects which had been found in the motion. Some resembled in size and shape an orange-pip, were of a bright yellow colour, soft and pliable to the touch.

Concretions of this character are thus described by Harley:—

"I must here further allude to a very peculiar and rare form of steatomatous gall-stone, or its future description might lead to misconception, from the fact that the term 'stone' is usually associated in the mind with the property of hardness; and, although not generally known, there are such things as perfectly soft biliary concretions. At least when first passed and warm, they are both soft and pultaceous—so soft that they can be kneaded into any shape by the fingers, like a piece of putty—and, even when cold and dry, are no harder than a piece of stearin, and consequently can easily be scratched with the nail or cut with a knife, just as a stearin candle can, and that, too, for precisely

similar reasons, namely, that they are of a fatty nature. Indeed, I believe them to be nothing else than masses of cholesterin in its preliminary stage of crystalline formation. Biliary products of this kind are rare; but, as will be subsequently seen, both I and others have met with them assuming the appearance of dirty-white barleycorns, orange-pips, grapes and pigeon's eggs, leading even the most experienced to commit awkward mistakes."\*

Another of the concretions found in the motion was of the more usual variety, having a grey, shell-like exterior, and a striated crystalline centre. The fact of both kinds of calculus having occurred in the same case fully bears out Dr. Harley's statement that the soft stones "are masses of cholesterine in its preliminary stage of crystalline formation." It is thus manifest that biliary calculi in various stages of development may exist in the gall-bladder at the same time, and that the soft and hard kinds are not peculiar to different individuals.

About 8 p.m. the same day, I received a note from Mr. R., saying that another attack had come on, and that the "pain-killer" (as he had dubbed the *calcareas*) being finished, he would be glad to have a fresh supply. I went and saw him, and he then said that a fresh paroxysm had set in at 1 p.m., but that as long as he took *calcareas* the pain remained slight, but grew very severe when he left it off. I inquired if the medicine did not entirely remove the pain, and he replied that it allayed the agonizing cutting and tearing, but that a dull, though not severe, "under-current," as he expressed it, remained. I administered more *calcareas* and left him almost free from pain.

On the morning of June 10th, he was again perfectly comfortable. The pain had gradually subsided on the previous evening, and he had slept well till 5 a.m. At that hour, there was a recurrence of pain, but, "as soon as I took the physic," he said, "it stopped."

The bowels had acted, the motion being clay coloured, accompanied by a large quantity of granular *débris*, each granule being about the size of a pin's head. This had not been preserved, but was no doubt a collection of minute calculi. Concretions of this kind are also described by

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\* *Diseases of the Liver*, by Dr. George Harley, F.R.S., p. 257.

Dr. Harley in his excellent work: "On one occasion a medical gentleman brought to the Physiological Laboratory of University College a gall-bladder, containing besides bile a large number of dark round hard granules, the largest of which was not much bigger than a pin's head, and looked like what sportsmen call sparrow-hail or dust shot, while the smallest of them were invisible to the naked eye. When a drop of the bile was placed in the field of the microscope, even the smallest of the granules were at once recognised to be perfect little miniature globular gall-stones."\*

### CASE III.—RENAL COLIC.

On July 8, 1886, I was summoned to see a lady, whom I found to be suffering from severe cramp-like pain in the right lumbar region, darting through to the groin, and accompanied by nausea and faintness. She had had frequent calls to micturate, and the urine deposited a dark sediment. Microscopical examination of the latter showed it to consist largely of uric acid and oxalate of calcium. The patient now received in succession *berberia*, *lycopodium*, and other remedies, but without obtaining relief from them.

Late in the evening of the 10th, she sent to say that she had become much worse, and was getting quite exhausted from the protracted suffering. I went to see her, and found her very ill, and presenting all the usual symptoms of a typical paroxysm of renal colic. I began to think of pulling out my hypodermic syringe, but determined, in the first place, to give *calcareo* a chance.

I accordingly mixed some of the 30th dilution in water, and administered a dose every few minutes. Ere long, to my satisfaction, the patient's groans became less frequent, her face grew calm, and at length she exclaimed, "Really, I think that medicine is doing me good."

She continued it, and I was presently able to leave her, feeling tolerably easy, though not altogether free from pain. During the ensuing week, paroxysms frequently occurred, and were usually relieved to some extent by repeated doses of *calcareo*. The lady then went to the country, and I saw no more of her for two months. On

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\* *Diseases of the Liver*, p. 583.

her return, I learned that, during her absence, she had had another attack, after which she had passed a small hard stone from the bladder. This unfortunately had not been preserved. She stated that on that occasion, *calcareo* seemed even more efficacious than during the previous attacks.

In the foregoing cases, there are several points worthy of special attention, in order to form a just estimate of the part played by the drug under consideration. It may be objected, with some show of reason, that the relief experienced by these patients was not due to the medicine, but simply to the fact that, co-incidentally with its being taken, the calculus, in the hepatic cases, had slipped through either from the cystic or hepatic duct into the ductus communis choledocus, or from the latter into the duodenum; and that, in the renal case, it had passed from the ureter into the bladder. It is to be noticed, however, in all three cases, that the pain subsided *gradually*, not altogether disappearing; while, had the cessation been due to natural causes, it would have taken place *suddenly* and completely. It must also be remembered that in Cases I. and III., the efficacy of the medicine was not persistent. In Case I., it relieved at first, but afterwards lost its effect; and in Case III. appeared to regain power after its use had been suspended for a time. In Case II., however, the patient remained almost free from pain as long as he took it, and it did not once fail him throughout his illness. Cases I. and III. were somewhat protracted, and the calculi of the usual hard kind; while Case II. only lasted four days, and the calculi were, for the most part, of the pultaceous variety. It therefore seems probable that *calcareo* is an efficient remedy in cases of comparatively short duration, and in those somewhat rare instances where the stones are soft when passed. Such calculi may perhaps pass through the ducts more quickly than those at a later stage of development, though their passage is certainly attended by quite as much pain.

Conditions are occasionally met with in which the symptoms closely simulate those of hepatic colic, and here again, *calcareo* has proved useful. Of such cases, the following affords a good example.



## CASE IV.—SIMULATING HEPATIC COLIC.

In September, 1885, a lady gave birth to her first child. Two or three days afterwards, the nurse in attendance was taken ill, and soon showed signs of erysipelas. She was of course at once removed, but too late, for her patient at the same time began to give evidence of blood poisoning. For several days, there were evening rises of temperature, the thermometer indicating over 104° F., with morning remissions. At first there were no well-marked subjective symptoms, but the patient gradually became jaundiced. About a week after her confinement, however, she was early one morning seized with a severe rigor, the temperature rapidly rose, and sudden cutting pain was felt at the epigastrium. This quickly increased in severity, extending all over the chest and through to the back. The patient's suffering now became extreme. She had to be supported in bed in a sitting posture, while gasping for breath, and with great difficulty expelling flatus from the stomach. She complained of intolerable faintness at the heart, the pulse was well nigh imperceptible, the extremities cold, the lips livid, and the face bedewed with clammy perspiration. At times, indeed, she appeared almost at the point of death. This attack lasted an hour or more, and then gradually subsided. Whenever food was taken, however, the urgent symptoms returned, so that the patient dreaded to eat. Rigors occurred from time to time during the next few days, and were always followed by the symptoms described, each attack becoming more prolonged than the last. These, it will be seen, bore a marked resemblance to hepatic colic, so greatly indeed, that the question was raised as to whether it were not a genuine case of that disorder. The stools were carefully searched for biliary calculi, but none could be discovered.

The treatment of the case, however, is what chiefly concerns us. Many different remedies were given, among others, *nux vomica*, *carbo vegetabilis*, *musk* and *capsicum*, besides such accessories as poultices to the epigastrium. None of these afforded the slightest relief, and at length, after a more than usually protracted attack, a hypodermic injection of *morphia* was given. The distressing symptoms of course quickly abated, and a quiet, though sleepless, night was passed. Early next morning the

pain set in again. Gradually it increased in severity, till the condition already described had re-asserted itself with doubled energy. It now occurred to me that, the symptoms so greatly resembling those of hepatic colic, the remedy that had attained reputation in that malady, namely, *calcarea*, might be of service. Accordingly, I administered a dose of the 30th dilution, and sat down by the patient to watch the result. She was sitting up in bed, leaning heavily over a support in front of her, while frequent moaning gave evidence of her sufferings.

I noticed, ere long, that the moaning became rather less frequent, and the breathing seemed to grow somewhat easier. In a quarter of an hour, I gave a second dose, which was followed by a still further cessation of the symptoms. The medicine was taken steadily every fifteen minutes, and before an hour had gone by the patient was able to lie back on her pillow, perfectly free from pain. From that moment she recovered rapidly. From time to time there were recurrences of the old pain, but a dose or two of *calcarea* invariably checked it, till at length it disappeared, to return no more.

Here, then, is an example of the remarkable fact that remedies selected in accordance with *subjective* symptoms are often curative, irrespective of their cause.

In the first three cases narrated, the pain was caused by the passage of calculi; in the fourth, by a totally different circumstance, namely, blood-poisoning. Three points prove that Case IV. was not true hepatic colic:—

1. The pain was preceded, not followed, by jaundice.
2. The paroxysms did not cease suddenly, but gradually.
3. No calculi could be discovered in the motions.

What is the *rationale* of the curative effects of *calcarea* in these cases? Pathology cannot answer this question, for the drug was effectual, irrespective of differences in the causes. The pathogenesis of the drug must be appealed to for a reply. It cured, because in the healthy it has been known to set up symptoms similar to those already described. Thus, the provings show that it has caused:—

*Abdomen.* Pains in the liver, mostly stitching or tensile aching; drawing pain from the hypochondria to the back; tension in both hypochondria; contractive gnawing, abdominal spasms and colic; cutting colic in the

*epigastrium*; stitching or pinching aching colic, without diarrhoea.

*Chest.* Stoppage of breath; sensation as if the breath remained between the scapulæ; desire to take a long breath; pressure on the chest; palpitation of the heart; anxious, trembling beating of the heart.\*

It may be remarked that, in cases such as those quoted, the drug is powerless in a low potency. The writer has experimented with the third decimal, but without obtaining any help from it.

In the preface to the third edition of his *Pharmacology, Materia Medica and Therapeutics*, Dr. Lauder Brunton says: "If a patient was being treated with *carbo vegetabilis* in the thirtieth dilution, the utmost care was necessary in regard to his diet, for if he happened to eat a single piece of burnt crust at breakfast he would consume at the one meal as much vegetable charcoal as would, when properly diluted, have served him for medicine during the remainder of his natural life."

How much crude *calcareo carbonica* did the patients, in the foregoing cases, consume in their ordinary food while taking the thirtieth dilution as a medicine? Yet the latter cured, while the crude drug remained inert.

Plymouth,  
June, 1887.

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## THE BOSTON HOMŒOPATHIC JUBILEE, 1887.

### INTRODUCTORY ADDRESS.†

By the Hon. CHARLES R. CODMAN.

LADIES AND GENTLEMEN,—On behalf of the committee who have organised this Festival, I bid you welcome. We are here to express our interest in the Boston University School of Medicine, and in the work which it is doing. It is an institution of the broadest character, which undertakes the education of students in all the branches of medicine. It explores the whole field of medical science, and seeks to discover and to appropriate

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\* Hempel's *Jahr*.

† Reprinted from *The New England Medical Gazette*, May, 1887.

all facts, the knowledge of which can at all contribute to the alleviation of pain or the healing of disease. It avails itself of all the information to be obtained from any source, of all the ripe experience of the past, and of the brilliant surgical skill, and the advanced knowledge in therapeutics, which have distinguished the medical men of this generation in different parts of the world. It takes account of the services and of the discoveries of all the great medical teachers. It excludes none of them; and least of all does it ignore the experiments, the theories, and the demonstrated facts which have made the name of Samuel Hahnemann at least as illustrious as that of any light of modern medicine. The advocates and supporters of that system of therapeutics which is known as homœopathy are now so numerous and so powerful, that it hardly seems necessary to undertake its defence. The time has passed when it could be laughed or scolded out of existence. It has compelled, and it has obtained, the respect of this and other intelligent communities, and the recognition and countenance of the public authorities. Important public charitable institutions successfully conducted under homœopathic management are to be found in several American States; and in spite of all opposition,—whether it be the opposition of ridicule, or that less formidable opposition which is satisfied simply to denounce them as quacks,—those medical practitioners who acknowledge their obligation to Hahnemann, who recognise his discovery of a highly valuable therapeutic law, and whose practice of their art is necessarily and beneficially affected by this knowledge, have succeeded not merely in gaining the confidence of a large and intelligent *clientèle*, but have at last, though not without many experiences that we should be glad to forget, obtained from many of their professional brethren a courtesy of treatment, and an acknowledgment of professional standing, which give some foundation for the hope that the great value of the homœopathic principle of therapeutics will be in time admitted by the profession at large; and that a separate organisation of physicians, existing only to uphold honestly held views of medical science, will no longer be needed.

There certainly should be no sectarianism in medicine, neither should there be any proscription of honest men for differing in opinion with the majority. When such

proscription exists, the minority are compelled to assume a position which is only sectarian because the opinion of the minority is not allowed expression in the old organisation.

It is, if I understand it rightly, the contention of the homœopathist, that drugs administered in accordance with what is called the law of " similars " have a curative effect. That is the distinctive feature of his school. What the size of the dose should be, in a given case, is a question for experience and discretion, but it has nothing to do, strictly speaking, with the principle upon which the remedy is administered. That is given solely upon the principle of similars ; and the curative effect so uniformly follows such an administration, that the homœopathist believes that the medical profession is bound to recognise the fact, and to act upon it ; and that in refusing to do so it deprives the sick of the use of the providential means which experience has shown give the best chance of cure. Whether the homœopathist is right in his view, would seem to be not at all a question of theory, but simply a question of fact.

Observation and experiment alone can determine it, and it is to these that he confidently appeals. When Hahnemann observed that *quinine*, which in a healthy body produces the appearance or symptoms of chills and fever, did, when administered to a patient suffering from that complaint, have a curative effect, the idea expressed by the phrase *similia similibus curantur* occurred to his mind. By a series of experiments, not upon his patients but upon himself and his pupils, he discovered that other drugs than *quinine* could be beneficially administered upon the same principle. From these facts he deduced the law of similars, just as Newton discovered the law of gravitation from the movements of the planets, and the movements of the planets from the falling of an apple to the ground. I do not suppose, however, that Hahnemann ever succeeded in satisfactorily explaining exactly why drugs administered upon the principle of similars are curative. Neither has Newton ever explained why it is that all masses of matter attract other masses with a force that varies inversely as the square of the distance. In both cases a law has been deduced from observed facts, which is the only scientific method of deducing any law. There is no need of dwelling long upon the opposition

that homœopathy has heretofore encountered from the majority of medical practitioners. Some of them, who at least desire to be candid, admit that it has beneficently affected the old practice by showing the injuriousness of the heavy dosing of the past. Undoubtedly this is true; but the admission is a dangerous one for the anti-homœopathist. It is much the same thing as saying that the old practice has in this respect been positively harmful and mischievous.

Something more, however, must be conceded by what is called the regular profession, and signs are not wanting that the time is coming when this will be done. It is not enough to say—as some doctors do—that whenever they are satisfied, by special experiment in a particular case, that drugs, administered upon the principle of similars do good, they will not refuse so to administer them.

To maintain the dignity of their profession as a truly scientific and honourable vocation, and to relieve it from the imputation of bigotry, it will be necessary to acknowledge the right of any physician to believe and to teach, if his observation and study have honestly convinced him so, that the homœopathic rule is one of general application; and all attempts to exclude those who so believe and teach from professional fellowship, or to dictate to the individual physician with whom he shall consult for the best advantage of his patient, will in these days of free thought and free discussion react upon those, whether individuals or organisations, to whom such measures are congenial. We may well believe that the old intolerance is dying out. The younger members of the profession at least will not, we may hope, be much longer prevented by the mere authority of their seniors, from examining the claims of homœopathy. They are told to-day by some of their instructors in the "regular" schools that it has been tried and has been found wanting. Long ago, it is said, Andral in Paris demonstrated by experiments the falsity of the principle; and with this statement the young doubters are told that they ought to be satisfied. They must not waste their valuable time in investigating a proved delusion. There is too much else to employ them, so rapid is the progress of science. And yet, if they could be induced to take a little time for the examination of the history of the con-

troversy, they would soon ascertain that Andral's experiments were utterly incomplete and unreliable, and that, since his day, experiments have been made by numbers of honest inquirers, who have become convinced of the truth of the homœopathic rule, and have joined themselves to the ranks of homœopathic physicians. There is one fact, however, that can hardly fail to be noted. Such gatherings as this make it very obvious and manifest. It is, that large and growing numbers of unprejudiced laymen, including some whose associations and personal relations with the medical men who ignore or despise homœopathy would naturally incline them to an opposite belief, have become satisfied by their own experience that the homœopathic practice marks a distinct and beneficent advance in the treatment of disease. It is inevitable that sooner or later the great debt that medicine owes to Hahnemann and his followers should be frankly and generally acknowledged. Like many other reforms, homœopathy has been first ridiculed, then denounced, and at this time the word seems to have been passed round in some of our home medical circles, to quietly ignore it. But in the meantime the number of homœopathic practitioners goes on increasing.

Homœopathic hospitals and insane asylums and colleges are established, and the system has a fair chance wherever free discussion is permitted. In the State of New York the attitude of the regular physicians (I call them "regular," because they prefer that term to "allopathic") has undergone a remarkable and significant change. The New York Medical Society no longer forbids its members to consult with homœopaths; and they seem disposed to maintain this liberal and advanced position in spite of the almost frantic protests of their conservative colleagues. As homœopathy wins its positions and holds its ground, as concession after concession is made to it, as its friends wax strong and confident, as the bitterness even of professional opposition is passing away, there still is raised in the last citadel of old-school prejudice a seemingly vigorous cry of "no surrender." History has many instances which show that this cry is often heard just before the white flag of truce and parley is hung out upon the walls.

You, gentlemen homœopathic physicians, have only, then, to steadily pursue the even tenour of your way,



ready, I hope, to receive the olive-branch whenever it is tendered. It is your privilege to bring to the aid of the sick the blessings which your beneficent rule of practice has enabled you to dispense. And from the day of small things, which began fifty years ago, in New England, when Dr. Gregg first announced himself a convert to homœopathy, you will go on until you have the cordial recognition of your professional brethren, who will wonder at the blindness of their professional fathers. You will not always remain separate, I believe, for the profession cannot afford not to absorb you. And you will not desire to remain separate when freedom of opinion is accorded to you.

But, after all, it is the patients, and not the physicians, whose interests are most concerned. When physicians are unjust to their brethren, when the spirit of professional intolerance is rampant, when doctors shut their eyes and discountenance the spirit of inquiry, it is a discredit, no doubt, to a profession that ought to be catholic and liberal. But worse than that, it is a great injury to the general community, who have the right to expect that their medical guardians should help and not hinder each other.

Many of those whom I address have had the opportunity of comparing that medical treatment that disregards the law of similars, with the treatment that adopts it. We have found that the latter is the safer and the more efficient. We have seen disease yield to the remedies given, and we have observed that when the original disease is conquered there is no other disease, arising from excessive drugging, ready to take its place. Some of us, too, have realised very keenly that we have lost much in not sooner becoming acquainted with the advanced school of therapeutics that homœopathy represents. We are all here to acknowledge our indebtedness, and to stand by the cause. We shall, I hope, do something to extend the influence of the Medical School of Boston University. It has to-day one hundred and five students. It opens its doors to men and women alike. Its diploma is not to be obtained but by hard study for three years. It was the first medical school in the country to establish a four years' course. It teaches the healing art in all its departments. The surgeons who attend gratuitously at the Massachusetts Homœopathic

Hospital are its professors and graduates, and the record of their operations will compare favourably, both as to methods and to results, with those of the best endowed hospitals at home and abroad. The Medical School of Boston University lays before its students the most advanced knowledge in therapeutics that is taught elsewhere, and homœopathy besides. It requires funds to give to its devoted professors better salaries for the disinterested assistance they give it. It needs additional instructors who can devote their whole time to the work of instruction. Its library should be enlarged, and its laboratories more thoroughly equipped. Its dispensary, which gives freely to the sick some forty thousand prescriptions annually, should be enabled to extend its benevolent action. We confidently and urgently appeal to you to furnish ample means to place in the front rank of medical equipment a medical school which is inferior to none in New England in the thorough and conscientious work which it has done and is doing.

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## REVIEWS.

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*Homœopathic League Tracts, Nos. 10 to 13.* London, T. BALL and Sons, 87-89, Titchfield Street, W. 1887.

SINCE we had an opportunity of noticing the previous numbers of this excellent series of *Tracts*, four others have appeared. It is pleasant to reflect that the work which has been done in publishing this popular explanation of homœopathy, its power, position, and future, has been productive of real advantage. To only mention one instance, and that as an illustration of how these tracts may be usefully employed. We may state that it was largely due to the circulation of them by Dr. Roth during the struggle for freedom of opinion and practice in medicine, which lately occurred at the Margaret Street Infirmary, among the governors of that institution, that the effort then made was successful. Whenever a contest, affecting the interests of homœopathy, arises, which has to be decided by a popular vote, these tracts should be placed in the hands of each voter.

Of the *Tracts* now before us, No. 9—*Allopathy Judged by its Professors*—quotes the opinions of physicians of experience and eminence regarding the therapeutic methods taught in the schools. The net result of these opinions

is, that when taking medicine to get rid of disease is not useless it is mostly injurious. Now, this being so, as the writer of this tract says, "Why one naturally asks do they so persistently refuse to look into and test homœopathy, which those colleagues who have done so tell them is rational, scientific, innocuous, and an eminently successful method of treating disease?" This question is one that is indeed difficult to answer. It is nothing short of marvellous that year after year physicians can go on writing prescriptions which they know are useless as curative agencies, and resolutely refuse to study a mode of drug selection in which everyone who has tried it places such great confidence. In the time to come, when homœopathy is universally recognised as the scientific basis of the art of drug prescribing, nothing will surprise the medical historian of our own days more than this. A heavy responsibility in this matter lies at the doors of the teachers in our medical schools. Whether their references to homœopathy, made in the presence of students, are the result of ignorance, or whether they are wilful, the evil done is the same, and the responsibility equal. No lecturer on therapeutics or the practice of medicine is qualified for the position he occupies who has not studied and tested this method of prescribing; neither is he a fit man to train the young, who, from whatever motive, withholds from them knowledge which he himself believes to be valuable.

No. 10.—*Eminent Medical Converts to Homœopathy*—giving brief but interesting sketches of the careers of some of those physicians who, having earned a well-merited reputation as cultivators of the fields of science and literature, have avowed their faith in homœopathy, and have cast in their lot with the persecuted followers of Hahnemann.

No. 11.—*Official Trials of Homœopathy*.—This is an especially interesting *Tract*. It gives the details or the results of the efforts made by homœopaths in Germany, Bavaria, Austria, Hungary, Italy, Russia, and France to obtain clinical opportunities for testing homœopathy in the public hospitals of these countries under the inspection of its avowed enemies. These reports, "though most of them, in spite of the unfavourable conditions in which they were made, redound to the credit of homœopathy, may serve as a warning to enthusiasts who believe that the practitioners of a system of treatment which has brought them fame and fortune, will view with any other feelings than those of aversion and hostility a system that, if shown to be better, must eventually supersede their own, and imperil the position they occupy as the leaders of medical opinion, and the possessors of the confidence of the public, and of the emoluments that accrue to

them from that confidence." The various devices resorted to to secure failure, or where none were possible, the measures taken to stop a series of clinical experiments, or to prevent the results being known, entirely negative the hypothesis that in their antagonism to homœopathy our opponents have been actuated by a desire to promote the interests of the sick. On the contrary, it has ever been the interests of a medical sect that have been uppermost in their minds, and have led to their resorting to the dishonourable manœuvres they have adopted to prevent the truth regarding homœopathy being known. Unhappily, as it was years ago so even is it now. Happily, however, the forces arrayed against the propagation of truth in therapeutics are far less powerful, and what is perhaps more important in hastening the day of triumph, far less popular than they were.

No. 12.—*Dangers of Modern Medicine*—is a very important and timely exposure of the mischief being daily wrought in the endeavour to relieve pain by tonics and narcotics. The writer shows that the boasted improvement in modern medicine is chiefly, if not entirely, of a negative character, consisting, as it does, in the abandonment of bleeding, salivation, and other irrational practices. "Debarred from the use of painful and exhausting remedies they now," he continues, "persuaded themselves and their patients that disease was debility, which must be treated with the most nourishing food, alcoholic stimulants, and tonic medicines. Pain, which was the constant attendant of their former practice, and which was considered almost necessary in the treatment of disease, acute and chronic, was now regarded as almost the chief evil to be combated when it presented itself in disease. Sleeplessness was looked upon as a condition it was incumbent on them to remove. Thus debility, pain and sleeplessness were the three chief evils against which the doctor directed his remedial means. This is, in effect, the characteristic feature of the medicine of to-day. Tonics, such as *quinine*, *iron* and *hypophosphates*, concentrated foods rendered digestible to weak stomachs by *pepsine*, *inglurin*, *pancreatic emulsion*, *maltine* and the like, and stimulants of the alcoholic kind are employed without stint against the presumed debility. Narcotics, anæsthetics and hypnotics, are of almost universal employment to allay pain or procure sleep."

Having shown that *iron* and *quinine*, the most generally used of so-called tonics, are often a source of serious maladies, he goes on to say :—

"But the evil effects of tonics are as nothing compared with those of narcotics and hypnotics. Formerly the doctor

thought nothing of inflicting tortures on his patients with his leeches, cupping lancets, issues, setons, blisters, cauteries, griping purgatives, nauseous emetics and loathsome drugs. Now his aim is to annihilate pain, to procure sleep to the sleepless, to gild or sugar-coat his pills, to make his draughts palatable; in short, to spare his patient all discomfort. Pain is the symptom that he mainly wars against. Whatever the disease, the pain of it must be subdued. A search may or may not be made for some remedy against the disease, but to alleviate its pain is the first thing to be attended to. Modern medicine has discovered a number of pain alleviators, or anæsthetics (or, more properly, analgesics), that have each in turn been hailed with acclamation by the profession; which seems to show that the effects of the last "pain-killer" had somehow disappointed the expectations it had raised. The chief of these pain-subduing and sleep-compelling drugs are opium (with its alkaloid morphia), bromide of potassium, chloral hydrate and cocaine. The employment of chloroform, ether, nitrous oxide gas and other anæsthetics for making surgical operations and the act of parturition painless, may sometimes be attended by fatal accidents, but the health is not injuriously affected by their casual use, and the few victims they make are a small penalty to pay for the enormous amount of suffering they save. But the injurious consequences of the protracted use of the narcotics we have named are hardly or not at all compensated by the small amount of good they do. It is but a poor achievement of 'scientific' medicine to procure a temporary alleviation of pain and a toxic sleep, which not only leave the disease that causes the pain and sleeplessness uncured, but cause such disastrous effects on the mental and physical health as we shall presently describe. It is a crime, a sin, to purchase temporary exemption from suffering by the ruin of the moral and physical well-being of the sufferer.

"The gods are just, and of our pleasant vices  
Make instruments to scourge us.

"How often does a person who has been relieved of some unimportant, though perhaps acute pain, or has been treated for sleeplessness by one of these fatal narcotics, resort to its use for every recurrence of pain or wakefulness, until at last he gets into the habit of repeating it, becomes enslaved to its deleterious charms, is unable to discontinue it, and falls a victim to its toxic action! The physician who initiated the patient into the pernicious habit is powerless to stop it, for the sufferings induced by its abandonment are so intolerable that the patient loses all moral courage, and resorts to every

species of stratagem and subterfuge to obtain relief by a repetition of the noxious dose."

These strictures on narcotics are followed by numerous illustrations, drawn from British and Foreign medical literature, of the evil which has been wrought by *morphia*, *bromide of potassium*, *chloral*, and *cocaine*, all in the first instance taken by their victims to relieve pain or procure sleep.

This *Tract* shows not only that palliatives do *not* cure, but that the temporary alleviation of pain they provide is only too often purchased by the formation of an appetite for them that is even more incurable and more disastrous than alcoholic intoxication. Pain is the surest and safest indication for the specific remedy. It cannot be cured by being smothered, by inducing a paralysis of sensation. And yet it is by such measures that modern medicine endeavours to counteract a large proportion of the acute diseases met with in practice.

No. 13.—*From Empiricism to Homœopathy*.—This *Tract* is a reprint from our May and June numbers of a very interesting essay by a general practitioner, descriptive of his disappointments in his efforts to cure disease by the means taught him at the hospitals and in the the text-books of medicine, his doubts of the value of medicines at all, his despair of being of any special service to the sick, his seekings after therapeutic truth gradually drawing him to homœopathy, and the success he met with on putting it into practice. Having referred to the works in *Materia Medica* in use amongst homœopathists, he very pertinently says:—

"Why those books had never been put in my hands in my student days, and why it was that the men who had so laboriously, and with so much self-sacrifice, by experiments chiefly made upon themselves, compiled those books, who had given to the profession the key to the use of the medicines, the effects of which they detailed, had been held in contempt and shunned by the followers of traditional medicine, became a tremendous puzzle to me.

"For my own part, since success now follows so refreshingly upon my efforts when made with a careful regard to the law of similars—since a light so brilliant has illuminated my former darkness, rendering the practice of medicine a certainty and delight to me, where not long since it was a disappointment and almost a disgust, I confess that I regard these men as being my greatest benefactors."

We may add that these most excellent *Tracts* can be procured from the Hon. Secretary of the League, E. H. Laurie, Esq., 16, Blandford Square, London, N.W. As they are not only interesting, well written, and thoroughly efficient,

but can be bought at eightpence a dozen, we can strongly recommend them to our readers to place in the hands of friends desirous of knowing not only what homœopathy is but also why it is.

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*Animal Food in Health and Disease.* By John Beckett, M.D., M.R.C.P. London: H. Renshaw, 356, Strand. 1887. Pp. 80.

THE advocates of a so-called vegetarian diet have, of late, had much to encourage them in preaching the particular gospel, which, they assure us, is to produce the physical regeneration of mankind. Restaurants, where no article of food can be procured save such as the vegetarian regards as appropriate nourishment, have been multiplying in the City of London; more important still, Sir Henry Thompson has, to a very considerable extent, thrown the weight of his influence, as a scientific observer, into the vegetarian scale, and has done much to aid the vegetable propaganda by his clear, attractive, and forcibly written essays on diet. In the little book before us, Dr. Beckett takes up the defence of "The Roast Beef of Old England." He does so, moreover, in a manner which, regarded only from a literary point of view, must certainly secure for him many readers, who will rise from its perusal having thoroughly enjoyed it. For he writes in a most pleasing style, and allows a vein of true humour to pervade his statements of the details of physiology which cannot fail to carry his readers along with him, and will, doubtless, materially assist in persuading them to acquiesce in his views. In short, he puts forth his matter in a pleasant and cheery manner; confidently, but without any exhibition of that extravagance which oftentimes defeats the object of the propounder of novel and strange doctrines.

The thesis Dr. Beckett endeavours to sustain is that, while a mixed animal and vegetable diet is that which is best for the healthy active man, albuminoids are nevertheless of far greater importance in maintaining nutrition than either hydrocarbons or carbohydrates; and that, though albuminoids are derived from the animal and vegetable kingdoms of nature, they are both more abundant and more digestible when derived from the former than the latter. Consequently, those who live by physical toil, as well as those who require to have their mental vigour stimulated, require a liberal allowance of animal food.

After an interesting and very clearly written account of the process of digestion, Dr. Beckett describes two forms of indigestion, the one intestinal, the other gastric. The former

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arising from a diet containing an undue proportion of starch or fatty foods, the digestion of which is mainly accomplished after the stomach has been passed through ; the latter, due to an excess of animal food, inducing a collapse of the gastric digestion. Each form must, he concludes, be treated dietetically in such a manner as to relieve the strain which has provoked the disorder. To enable the stomach and intestines to recover their lost tone, in addition to resting them by alterations in food, Dr. Beckett advocates the cleansing of their mucous membrane with copious libations of hot water—of water as hot as it can be drunk—taken fasting. In support of his proposal, he refers to the quantities of hot water drunk at German mineral spas, regarding the mineral ingredients as rather spoiling the water.

The pathology of gout forms the study of the next chapter. Here he argues that, while uric acid is the product of the gouty state, it is urea and not uric acid which is the excrementitious product of an animal diet ; that the separation of urea from the blood by the kidneys is a function performed independently of the elimination of uric acid by them ; and that uric acid being a less oxydised product of proteid metabolism than urea, a diet which increases the oxidative metabolic activity of the tissues is the one most likely to avoid an excess of uric acid. He then says :—"Animal—*i.e.*, nitrogenous or proteid—food, is precisely that kind of food which excites those changes in the tissues which give rise to urea, the normal vehicle for getting rid of nitrogenous waste."

To secure complete and rapid tissue metamorphosis Dr. Beckett proceeds to show that an animal is far preferable to a vegetable diet, inasmuch as the former possesses the power of melting down and destroying incompletely metamorphosed tissues. At the same time, he recognises the danger of allowing the blood to become charged with an excess of nitrogenous waste without providing some means for securing its immediate expulsion. This he obtains by copious supplies of hot water to dissolve and wash away the solid effete matters resulting from tissue and food metamorphosis and to dilute the blood, also to prevent or lessen any irritation that the kidneys might be exposed to from blood loaded with waste products. The need of considerable quantities of water in gout is shown by the fact that uric acid requires at least 8,000 times its bulk of water at blood heat for its solution. Three to four pints of water, as hot as can be comfortably drunk, should, he says, be taken in twenty-four hours, always on an empty stomach, in order not to interfere with digestion by unduly diluting the gastric juice.

So, too, in cases of obesity, of corpulence where a natural process, having been carried too far, has become a disease, an

exclusive diet of lean meat, aided and abetted by sundry pints of hot water poured into an empty stomach, has been found to reduce bulk with a proportionate increase of strength which is simply remarkable.

That, in cases of chronic intestinal indigestion, appropriate stimulation by specifically acting remedies may be greatly aided by such a diet as Dr. Beckett shadows forth, where the mucous surface has been in a measure prepared for its reception by drinking a considerable quantity of hot water, we have had clinical evidence. And that gout and a deposit of fat, to an extent which is truly morbid, may be largely counteracted by a similar, and indeed more exclusive dietetic treatment, is highly probable. At the same time, this, like all other extensive changes in a man's mode of living, requires to be carefully watched, and undoubted risks would be run by any one out of health attempting an experiment of the kind without the assistance and direction of a physician familiar alike with physiology and pathology.

Although the idea of using animal food on a considerable scale and drinking large quantities of hot water is no new one, it is nevertheless one to which sufficient attention has not been paid. This attention Dr. Beckett's timely written little book will, we trust, procure for it.

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*The British, Continental and Colonial Homœopathic Directory for 1887-1888.* London: Keene & Ashwell, 74, New Bond Street, W.

In this little volume we have the names, qualifications, public appointments, and contributions to medical literature, of those members of the medical profession who, believing in the truth of homœopathy, feel it incumbent upon them openly to avow their faith. Besides those whose names are recorded in this list of witnesses to the grandest and most important therapeutic truth this century has seen the promulgation of, there are many, very many we regret to say, who, while believing in and practising homœopathy from one motive or another, withhold such testimony as that given in this Directory. Whatever of wisdom there may seem to be in such reticence at the present moment, the day is not far off when to have made an open confession of homœopathy at a time when it was the fashion to ridicule it, to slight its practitioners, and to deny them opportunities of professional advancement, will be accounted an honour and a distinction to be coveted, and this it will be by none more than by those who might have possessed it had they but had a full measure of the courage of their convictions.

In addition to English practitioners we have a list of the chief of those in Australia, Cape Colony, India, New Zealand, Tasmania, Austria-Hungary, Belgium, Denmark, France, Germany, Italy, Russia, Spain, and Switzerland. The lists from these countries, though compiled with the greatest care, are, of course, only approximately accurate, and cannot, in the very nature of things, represent the full strength of the practitioners of homœopathy either on the continent or in our colonies. None the less will it be a great convenience to those of us who will have to mention the names of practitioners to patients and friends going abroad.

The book is neatly got up, and is one which ought to be in the hands of every practitioner of homœopathy.

## MEETINGS.

### LONDON HOMŒOPATHIC HOSPITAL.

#### ANNUAL GENERAL MEETING.

THIS assembly took place at the Hospital on the 30th of April, under the presidency of Lord Ebury. The Chaplain (Rev. Craven Dacre) having opened the proceedings with prayer, the Thirty-seventh Annual Report of the Board of Management was read by the Secretary (Mr. Cross).

This report opens with the result of the inspection of the Hospital on the 9th of March by Dr. Hamilton and Dr. Yeldham. After expressing their full satisfaction with the condition in which they found the Institution, they say :—

“ Remembering, as we do, the humble birth of the Hospital nearly forty years ago in a modest hired house in Golden Square, affording scant accommodation for twenty-four beds, we need hardly assure the Board of the pleasure it gave us to inspect it in its present position as a well-grown freehold hospital of close upon one hundred beds, with all means and appliances to boot ; and, above all, with its finances in a sound and satisfactory condition. Considering the difficulties the Hospital has had to contend with from the first in rearing its head as it were in a bitterly hostile country, with foes to the right, foes to the left, and foes in front of us, this may possibly be regarded as a state of things of which the Board of Management, and all friends of the Hospital and of homœopathy, may be proud, and which, we trust, may be taken as an augury of steady progress in the future.”

The board then refers to the opening of the Bayes Ward for men and gratefully acknowledges the support of many generous donors, and that received by them at the Bazaar during last summer, and at the Fine Arts Distribution at Christmas, in providing a fund for the maintenance of the new ward.

The following passages relate to the increased number of patients in the Hospital and to the consequently increased expenditure incurred in maintaining the Institution.

“ The board has before reported that the number of patients receiving the benefits of the Hospital has for some years past been progressively increasing. The year under review shows as regards in-patients an advance even on the numbers of former years, while the number of out-patients is about the same as the high total of last year. The number of in-patients has been 711, the highest total of any year of the Hospital's history, and a most significant advance on the total of 586 five years ago. This steady increase is of course due not only to the increasing reputation of the Hospital, but to the increased ward accommodation, and augmented income which the generosity of the friends of homœopathy has provided.

“ The following table shows the progressive increase of in-patients during the past five years :—

1882-3	1883-4	1884-5	1885-6	1886-7
487	543	656	675	711

“ The number of out-patients has been 8,824 against 8,844 in the previous year.

1882-3	1883-4	1884-5	1885-6	1886-7
7,467	8,404	9,007	8,844	8,824

“ The marked increase in 1884-5 being due to special and temporary causes.

“ The greatly increased number of patients and the operations of the Hospital generally, have naturally led to increased expenditure, and on account of this increase together with loss of subscriptions through death and other causes, the Hospital has for the first time for several years closed the year with a deficit on the current account.

“ The current income has been £4,500 18s. 5d., the current expenditure £4,988 17s. 2d. The deficit is not large, but if the extended work be maintained as the board propose, it will become during the next year a source of anxiety and retarded progress.

“ It has been temporarily met by indebtedness to the invested funds and should in the course of next year be made good. The increased expenditure has been entirely in the items under provisions and household expenses.

“ Into this increase the board in the latter part of the year appointed a special committee to enquire. The committee, although they fully recognised the marked character of the advance, looked to the augmented work accomplished and could not report that it was excessive or due to preventable causes. Nor could they recommend any means for its immediate reduction which would not impair the usefulness and

efficiency of the Institution. Their report is summed up in the following terms.

“On the whole the committee are of opinion that the increase in the expenditure is such as reasonably and fairly follows the increase of persons' maintenance, and they are satisfied that the general provision for the patients and the Hospital work is of a superior kind to that made in former years. That the dieting and personal comforts of the patients are more considered, and that the consequent expenditure results in the home-likeness of the wards and the satisfaction and more rapid recovery of the patients.”

The Nursing Institute has made great progress during the year. The average number engaged in nursing having risen from 16 in 1885 to 21 in 1886, while the receipts from this source of income have increased from £1,185 in 1885 to £1,651 in 1886.

The Hospital Sunday Fund provided £197 18s. 4d., as against £138 19s. 2d. in the previous year, and the Hospital Saturday Fund £82 4s. 5d., as against £75 10s.

During the year legacies to the amount of £2,617 12s. 10d. have been received, and one of £500 from the late Mr. George Fielder has been reported. These sums are all invested, and so constitute a permanent source of income to the Hospital.

The changes in the Board of Management and the Medical Staff are recorded, and the deaths of Dr. Neville Wood, Dr. Torry Anderson and Dr. Matheson are noticed with regret.

The next passage is especially interesting, and we quote it entire:—

“The facilities afforded by the Medical School to practitioners and students desirous of gaining a knowledge of homœopathy, *Materia Medica*, and *therapeutics*, have been freely used during the year by enquirers into homœopathy, and although the lectures have been temporarily discontinued, yet the number of students and medical practitioners attending the practice in the wards and out-patient department has maintained the character of the Hospital as a centre for the diffusion of a scientific knowledge of homœopathy. As in former years these students have come, not only from various parts of the United Kingdom, but also from the United States and the British Colonies. The board believe that few medical men or students visit England from the United States without availing themselves of the cordial welcome extended to them at this Hospital.

“The Annual Hahnemann Oration was delivered by Dr. J. H. Clarke, on the 5th of October, 1885, the subject being ‘The Revolution in Medicine.’ The oration has since been published.

“The usual arrangements have been made for providing, during the ensuing summer and winter sessions, lectures on the ‘Principles and Practice of Medicine,’ by Dr. Dyce Brown; on ‘Clinical Medicine,’ by Dr. J. Galley Blackley and Dr. J. H. Clarke; and on ‘Materia Medica,’ by Dr. J. H. Clarke; and for the delivery of the Annual Hahnemann Oration at the opening of the winter session in October, by Dr. J. Galley Blackley.”

It will be with much interest that we shall look in the report of next year for the number of lectures delivered during the summer and winter sessions for which “the usual arrangements have been made for providing.”

Major Vaughan Morgan’s prize of twenty-five guineas for the best essay on Medical Treatment, awarded to Dr. J. W. Hayward, and its distribution to the extent of 25,000 copies among medical men is next referred to, and the gratification of the board is expressed at the various evidences they have received of a spirit of enquiry into homœopathy having been excited by this step.

The endowed and *in memoriam* beds we are glad to learn are increasing in number. The “Neville Wood,” the “Torry Anderson,” and the “Daniel Bax” beds have each during the past year been endowed by the sum of one thousand pounds having been contributed to maintain each. In addition to the beds endowed by Miss Durning Smith this philanthropic lady has undertaken the maintenance of three beds in the Bayes’ ward.

The great need of a Convalescent Home, especially for the inmates of the Children’s ward, is dwelt upon in the report, and the several large donations made to it are mentioned. The Concert in aid of the proposed home, which at the time the report was issued was looked forward to, is also mentioned. Of it a full account appears in another part of our *Review*.

With deep regret the board allude to the death of Miss M. C. Alexander, who was one of the most valued and devoted of the lady visitors of the Hospital.

The thanks of the board are finally presented to the honorary solicitor, architect and chemists, and to the lady visitors, and with a prayer for a continuance of the Divine favour and of gratitude for the prosperity and usefulness of the institution the report concludes.

Lord Ebury then said that it became his duty, as it had so frequently done before—(cheers)—to move that the report which had just been read should be adopted. It spoke so fully and eloquently for itself that he did not know what he could say in addition to it. A more gratifying report no hospital he knew of could render, and he felt that anything he could say would



only injure the effect of it. He would therefore merely but strongly recommend it to their notice and adoption. It must greatly increase the pleasure that every well-wisher to homœopathy must feel, that after thirty-seven years' existence in the face of so much opposition the Hospital was in so flourishing a condition. Originally they had been bombarded from all sides. Every effort had been made to extinguish them altogether. But they had existed through it all, and had gone on growing in public support and confidence and in utility to the suffering poor. (Cheers.) Byron had said that "Corinth was formed from freedom's hand," and it really seemed as if a similar sentiment would be true of homœopathy, for it appeared after all those years of oppression they were at last to see something like freedom in the practice of medical science. (Cheers.) Not only had the Hospital gone on increasing, but the principle of liberty of science appeared to be spreading also. He had recently heard of such a place as the Infirmary for Consumption in Margaret Street, where it appeared that the subscribers were resolved that the minds of their medical men should not be in any way fettered, and where an attempt to smother free opinion had been promptly defeated. So that their boundaries might be said to extend from Great Ormond Street to Margaret Street, to the great mortification of certain people who were unhappily opposed to the principles they so strongly advocated. To return to their Report, there was only one thing in it which he was sorry to hear—namely, that there was a deficit. He had, however, as they all had, great confidence in their treasurer—(applause)—Major Vaughan Morgan, who, he thought, was equal to any emergency in the financial way. Lord Sherbrooke, when Mr. Lowe, distinguished himself by the ingenuity with which he created taxes to make up any deficiency. But when funds were "urgently needed" he certainly thought Major Vaughan Morgan quite equal to Mr. Lowe. Then it had given him great pleasure to find that there were on the board gentlemen who were concerned in the management of other Metropolitan Hospitals. It was their desire to live in the greatest possible amity with all the other Hospitals, and even all the other doctors—(hear, hear)—they were anxious to put the best construction even on opposition. All that they felt obliged to do was to correct the errors made as to homœopathy, and to repel the statements sometimes made against homœopaths. His Lordship, continuing, said how pleased he was to see so many bonnets in the room, for the ladies were often the mainstay of good and charitable work. As for himself, he thanked God that he had been permitted to be with them that day. He had endeavoured to do



his duty by attending, and in any shortcoming, he hoped they would take the will for the deed. He could only say, that if spared for another year, he would still try and preside at their next annual meeting. (Loud cheers.)

Major VAUGHAN MORGAN said it devolved upon him to second the adoption of the report which had been drawn up by Mr. Cross, and he fully concurred in all that Lord Ebury had said about it. It was a very able report, and Mr. Cross ought to have full credit for it. Now, in looking over the report of a meeting of the governors of University College Hospital he had been struck by a remark made by the Chancellor of the Exchequer, who presided, who had specially deplored the falling-off in legacies. He thought that taught them a lesson. The Homœopathic Hospital was fortunately growing in legacies. And he thought the explanation was this—nearly all hospitals use legacies as current income. The Homœopathic Hospital did not spend those exceptional windfalls, but invested them—thus making them a source of constant income in the future. Many friends willingly left money to the Hospital knowing that they were actually forming an investment, the interest only of which was spent, the capital remaining intact. There was another feature of the University College Hospital which struck him as wholly admirable. They had a working classes' fund, and the working classes had a representative on their board. It was right that the working classes should subscribe to hospitals, and right that if they subscribed substantially they should be represented on the management. Lord Ebury had referred to their deficit with some jocularly. He as treasurer took a serious view of it. (Laughter.) The balance-sheet showed some £200 at the bank, but they only had that amount in hand by keeping back £600 of money they were bound by the laws to invest, and which must be invested. They were really, therefore, £400 to the bad. He was thankful to be able to say that it arose largely from natural causes—that is, to a large extent from the death of old subscribers. It was, nevertheless, a source of anxiety, because while they had lost a number of subscribers of five and ten guineas annually, they had not recently made new subscribers of such amounts. There was, however, one very encouraging feature—namely, that the receipts from nursing fees were £500 more than in the previous year. (Cheers.)

Lord EBURY, interposing, said he was not surprised at that increase, for if he was to argue the qualities of the nurses from the nurse who was sent to nurse him, their nurses were most invaluable. She did her duty most admirably, and gained almost the affection of those with whom she came in contact

in his house. At his son's house also she did even more arduous duty, and did it so well that her departure—when her services were no longer required—was quite regretted.

Major VAUGHAN MORGAN was glad Lord Ebury had borne that testimony, and few people knew what an inestimable blessing it was to have one of the Hospital nurses to attend cases of sickness occurring in one's house. He would now refer to a special effort which had been made in connection with the Medical School—the issue of the Prize Essay. Twenty-five thousand copies of Dr. Hayward's Essay had been printed and circulated, and many letters of enquiry and personal investigation had resulted, showing that the publication had awakened a disposition on the part of many medical men to look into the important subject of homœopathy. Turning to the New Ward, named after the late Dr. Bayes, he was glad to say that, thanks to the generosity of many friends, it was in working order. Miss Durning Smith, with her usual munificence, maintained three beds at a cost of £105 a year, in addition to the six beds already endowed by her. (Cheers.) From a new source had come another valuable suggestion—namely, that a bed should be endowed by various friends in commemoration of this year of Jubilee. The endowment of a bed cost £1,000, and a lady had suggested that 200 subscribers should contribute £5 each, making up that sum. That was a suggestion very agreeable to him as treasurer, and especially as the lady had herself started the list. (Hear, hear.) But another effort pressed more immediately for their energies. Twelve months ago it was announced that the Duke of Westminster had kindly granted the use of Grosvenor House for a Concert in aid of the Hospital Funds, to take place on Saturday, May 28. Now, the want of a Convalescent Home associated with the Hospital had long been a pressing one; and after mature consideration it had been decided to devote the proceeds of that concert to that object. The project now came before them in a very encouraging light. An ever-generous friend of the Hospital had expressed her willingness to contribute a thousand pounds. (Loud cheers.) Other friends had contributed sums of £100 and £50 each, while some had collected various sums from their own circles. In addition, the Convalescent Home, conducted for the past twenty years by Canon Kingsbury and his sister Miss Kingsbury, at Hastings, had been offered as the nucleus of the Convalescent Home of the Hospital, Miss Kingsbury continuing her present handsome annual contribution to its funds. The matter was still *sub judice*, but it certainly wore a very favourable aspect. Lord Ebury had referred to the affairs of the Margaret Street Infirmary, of which, of course, they could take no notice

officially. The facts simply were that some of the allopaths at that Hospital took it into their heads to attempt to boycott two members of the medical staff of that Institution who had been for a long time past practising homœopathically. That was resisted, and successfully, and now that staff is composed, as before, of allopaths and homœopaths, as standing testimony to the possibility of amicable co-operation. (Cheers.) The victory was not won without some threatened danger—more imaginative, he hoped, than real—but to protect the Institution against it, he had collected from members of the Board and other friends a sum of £70, which more than made up any loss the Infirmary had sustained. Merely adding that both the Hospital and the cause of homœopathy were in a prosperous and promising condition, he had great pleasure in seconding Lord Ebury's motion for the adoption of the annual report.

The motion was then put and carried.

Dr. DUDGEON had great pleasure in rising to propose a vote of thanks to the Board of Management, the house committee, the treasurer and sub-treasurer, and felt that he could not do so better than by referring to the position of the Hospital, which he thought the best in London. There was no debt to speak of—certainly none which seemed to cause the board anxiety, and that was owing to the excellent financial management. The President (Lord Ebury) and the treasurer (Major Morgan) had alluded to the victory at the Margaret Street Infirmary. That infirmary was a very ancient affair—in fact, the original of the Hospital for Consumption, at Brompton. It had not been in a very flourishing condition of late years, but still was very respectable in point of age and number of subscribers, the great majority of whom would not be lost, as the laity were not very anxious to support tyranny in the medical profession. The infirmary was now conducted on pure principles of medical liberty. The oldest member of the staff, who was not a homœopath, had yet stood by medical liberty—(hear, hear)—and as he had worked harmoniously with his colleagues for many years, there did not appear any reason why he should not do so for many years to come. Dr. Dudgeon then formally proposed his resolution.

Dr. CLARKE had much pleasure in seconding.

Mr. BENNOCU said he had been rather suddenly asked to return the thanks of the officers named in the resolution for the compliment paid to them. He came on the board originally at the request of one of the members of the staff, and not only was he able to admit that the board gave great attention to the work of the Hospital, but he could testify to the excellence of the nursing arrangements, as he had gone

through a considerable illness and had been most admirably nursed by one of the nurses sent by the Hospital. He had been for more than forty years a Governor of St. Bartholomew's Hospital, and for many years on the board of University College Hospital, and could therefore testify that the Hospital work was carefully and thoroughly done. Only three days before the meeting a friend had called upon him from the United States—one whose father was the founder of homœopathy in New York—and as he wished to see something of the Hospital, he sent him with a note to Mr. Cross. Now, his report was this—that the Hospital was admirably conducted, and that he had never seen a hospital so like what a hospital should be, and that the patients seemed cared for just as if they were one large family. As to the Margaret Street Infirmary, the absurdity of the opposing attitude was this—the gentlemen whose retirement had been sought for were really allopaths on joining that Hospital, their experience led them to try homœopathic methods they found their patients got well in a marvellous way and they adopted the new treatment. That was always the way in which homœopathy spread, and they could safely trust it to the future, especially with such an advocate as the distinguished treasurer of the Hospital, Major Vaughan Morgan, whose adherence to homœopathy was most energetic. (Cheers.)

Mr. CHAMBRE then said the resolution which he had to propose for acceptance, was that the following members of the Board—the Earl of Denbigh, Colonel Clifton Brown, Mr. Chambre, Mr. Debenham, Mr. Prescott, Mr. Crampern and Mr. Trapmann, who retire in rotation but are willing and eligible to serve again, may be re-elected. He had some diffidence in proposing this list, as it included his own name, but that was an accident for which they would, perhaps, hold him excused. He ventured to draw attention to two facts—one which has been already touched upon by the noble President, the chairman, that is that members of our board are also engaged in directing the destinies of other hospitals—allopathic hospitals—and the other the length of time during which many of the members of the Board of Management have served thereon. As to the first, he would point out that Mr. Debenham is on the board of the Middlesex Hospital; Mr. Bennoch—as he said just now—has held a corresponding position at Bartholomew's for forty years, and is also on the board at the University; Mr. Tinne at St. George's; Mr. Oliver Bryant at the Margaret Street Infirmary, as to which they had heard somewhat to-day; and Mr. Ridley Bax, at Charing Cross Hospital. Now, he thought this was a matter of congratulation, because the board derive the advan-

tage of the experience gained by these gentlemen in other but corresponding spheres of action, and because, as it appeared to him, it proved how open-minded and free from bias and prejudice these members were. Then with regard to his second point, one of the gentlemen, the re-election of whom they were asked to confirm to-day, Mr. Crampert, had served on the board of their Hospital, and taken a very prominent part for upwards of twenty years; Mr. Slater and their popular treasurer (Major Vaughan Morgan) about seventeen years; Mr. Pite, Mr. Rosher, and himself about fourteen or fifteen. He thought that showed that the London Homœopathic Hospital was one which attracted and retained the interest and affection of all who became members of the Board of Management. As part of the above resolution, he had also to ask them to confirm the election to the board, of Mr. Tinne, Mr. Oliver Bryant, and Mr. Ridley Bax, and the re-election of the auditors, Messrs. Prideaux, Booker, and Frere.

Mr. FREDERICK ROSHER seconded the resolution, which was carried *nem. con.*

Mr. SLATER moved a vote of thanks to the Medical Staff, and did so with great pleasure.

Sir JAMES ALEXANDER seconded the vote, which was unanimously carried, and replied to by Dr. J. H. CLARKE.

Mr. HARDING then proposed, and Mr. BENNOCH seconded, a vote of thanks to the Lady Visitors, the Honorary Architect, the Honorary Solicitor and Honorary Chemists.

The Rev. DACRE CRAVEN replied on behalf of the Lady Visitors, who, he said, always felt it a great privilege to visit and comfort the sick. They took great pleasure in their work, and afforded great solace to the inmates of the wards.

Mr. B. L. COHEN said he considered it a high privilege that on the first occasion he had attended a general meeting of the Hospital the Managers should have entrusted to him what was a most important resolution—a resolution of sincere thanks to their honoured, venerated and noble President. (Loud cheers.) They all honoured Lord Ebury for his long, unwavering adherence to homœopathy and the Hospital through times of protracted difficulty. If anyone wished for evidence in support of the truth of homœopathy, he would say “Look to our President” — (cheers) — whose vigour and cordiality and genial influence were in themselves energetic proofs of its usefulness.

Major VAUGHAN MORGAN seconded the motion, and in referring to the great qualities and valuable service of their president, Lord Ebury, said that the Homœopathic Hospital

had no better friend. (Loud cheers.) Thanks to homœopathy, there he was, full of honoured years and in good health. He sincerely hoped that they would see him in his wonted place for many years yet to come. (Applause.)

Lord EBURY said he was most grateful to them all, and no words of his could express the gratification he felt at their appreciation. He was very sensible of the honour they did him, and very sensible of the kindness of their terms. Major Morgan had told them that he was a good friend to homœopathy, but they all knew what the Major himself had done for the cause of medical progress and for the Hospital. (Hear, hear.) He would only say that it gave him great pleasure to attend their meetings, and if God spared his life he would attend again next year. (Cheers.)

The meeting then separated.

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#### LIVERPOOL MATERIA MEDICA SOCIETY.

THE fifth meeting of the Society was held on Thursday, February 17th, the President (Dr. MAHONY) occupying the chair. The subject of

##### *Ledum Palustre*

was introduced by Dr. CAPPER, who remarked that it was a drug used almost exclusively by homœopathic practitioners, it not yet having had the fortune to be introduced into recent works on Materia Medica as a "new remedy." As a result of his investigations, Hahnemann came to the conclusion that *ledum* was a drug suited specially for chronic diseases in which coldness predominates. This coldness, particularly of the extremities, seemed to be due to some influence upon the vaso-motor system, affecting those portions most where there was least connective tissue. The disposition of the prover of *ledum* was not a happy one, discontent and moroseness being prominent mental conditions, with a desire for solitude, sleepiness during the day and sleeplessness at night. A headache was present which, like that of *rhus*, was increased at every false step, and also intensified by covering the head.

In addition to some ill-defined rectal and urinary conditions there were dyspnœa, a sense of constriction of the chest, and violent cough with expectoration of blood.

The pains felt by the prover of *ledum* were chiefly in the loins after sitting, and extended from the sacrum to the occiput and left side of the head and jaw. The pains were increased by warmth and by movement.



*Ledum* caused papular or pustular eruptions, with intense itching, aggravated by warmth and by scratching. It had been recommended by M. Teste as a valuable remedy in punctured wounds and for insect stings.

Dr. CAPPER summarised the sphere of *ledum* as :

(1.) Rheumatic affections, chiefly of the smaller joints, where the pains are increased by warmth and motion.

(2.) Cutaneous affections, where the itching is increased after (though it may be temporarily relieved by) scratching.

In conclusion, he called attention to the close analogy between many of the symptoms of *ledum* and those present in the victims of a gouty diathesis.

Dr. HAYWARD and Dr. HAWKES both spoke of *ledum* as having disappointed them in its results.

Dr. SIMMONS had found *ledum* serviceable in rheumatic cases, where the pains were aggravated by being covered.

Dr. MAHONEY pointed out as a key symptom of *ledum* that *the patient, though very cold, dreads to come near the fire or be covered up.* He also remarked that it was one of three drugs, the other two being *lachesis* and *phosphorus*, which produced pains passing *upwards* along the spine.

### *Kalmia*

was introduced by Dr. HAWKES, who referred to it as a drug of great value in rheumatic affections where there was cardiac complication. It caused great diminution in the force and frequency of the heart's action, the pulse being slow and "creeping." In rheumatism it was indicated by a tendency in the pains to leave the joints and attack the heart, but without there being any stethoscopic evidence of valvular disease. It was also of service in rheumatism where the pains wandered from joint to joint, with no marked febrile action, and with slow pulse.

In addition to the slow pulse he gave as an indication for *kalmia* severe pains passing from the cervical spine upwards over the occiput. It also caused a neuralgia somewhat like that of *mezereon*, only that the pains of *mezereon* were confined to the malar bones and frontal sinuses.

In fatty heart *kalmia* was very beneficial when indicated by the slow pulse, frequent fainting, and pains running down left arm.

Dr. HAYWARD pointed out that *kalmia* is a drug which acted not upon the heart itself but upon the cardiac centre in the medulla and vagus nerve, hence the slow pulse, the pains in regions supplied by the vagus or its connections, Cheyne-Stokes' respiration, &c. He referred to a case he had seen with Dr. Drysdale, where there was a gouty condition, and a



pulse of 25 per minute, so feeble that it had been scarcely possible to obtain a tracing. In this case both *kalmia* and *physostigma* had proved beneficial.

### *Spigelia*

Was brought forward by Dr. SIMMONS, who spoke of it as a drug of great value, but in a limited sphere. It affects principally the nerves of special sense, and the fibrous and muscular tissues of the eye and heart.

In the headache of *spigelia*, the pain was usually circumscribed, the left side being more especially affected, often passing to the eye, zygoma and teeth, and being tearing, sticking, or burning in character. He regarded sticking pains as especially characteristic of *spigelia* (see *kali carb.*). The pains were relieved by pressure, and he remarked that severe left-sided supra-orbital headache, with relief from pressure, usually yielded rapidly to *spigelia*. Another peculiarity of the headache was that it is aggravated by lying down; the patient must lie with the head high (see *caps.*, *nat. mur.* and *puls.*), and this peculiarity was again seen in the cardiac orthopnoea.

The prosopalgia of *spigelia* was usually one-sided, and like the headache relieved by pressure. In the chest we again meet with the characteristic sticking pains increased by motion. In many cases of cardiac disease, peri- or endo-carditis, the drug does great service. Dyspnoea is a characteristic symptom of this disease, and there is almost always true orthopnoea, the breathing being less difficult when the patient is propped up; and this symptom, together with the sticking pains in the chest, was a particular indication for *spigelia*.

Dr. HAWKES believed that *spigelia* was the first remedy to be thought of in early endo-carditis. In general rheumatism it is of no value unless there be cardiac complications.

Dr. HAYWARD also spoke highly of the value of *spigelia* in cardiac cases, its sphere being such that neither *digitalis* nor *arsenic* could take its place.

Dr. ELLIS referred to the peculiar character of its nasal symptoms, and remarked upon their great likeness to a very intractable disease—post-nasal catarrh. He asked whether any members had prescribed *spigelia* in this condition.

Dr. MAHONY noted that swelling often followed the pains of *spigelia*, and with reference to the eye pains that these were so intensified by motion that the patient moved the whole head rather than the eye-ball alone. He also referred to a case of post-nasal catarrh in his practice in which he had been led to give *spigelia* with prompt relief.

## NOTABILIA.

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### CONCERT IN AID OF THE FUNDS OF THE PROPOSED CONVALESCENT HOME IN CONNECTION WITH THE LONDON HOMŒOPATHIC HOSPITAL.

A most brilliant entertainment was given on the 28th ulto. at Grosvenor House, London, by permission of the Duke of Westminster, to aid in raising a fund for the establishment of a Convalescent Home in connection with the London Homœopathic Hospital. The room was crowded, even to inconvenience, by a most aristocratic audience, and the artistes, under the direction of Mr. Adelman and Mr. W. Ganz, gave the most unqualified satisfaction, which indeed they could hardly fail to do, comprising as they did Madame Louise Pyk, Miss Agnes Larkcom, Miss Georgina Ganz, Madame De Fonblanque, Madame Osborne Williams, Miss Helen D'Alton, Madame Antoinette Sterling; Mr. Bernard Lane, Mr. Isidore De Lara, Signor Adelman, Mr. Gilbert Campbell; solo violin, Miss Anna Lang; solo violoncello, Herr Niederberger; Miss Adelaide Detchon and Mr. Hermann Vezin.

Individual criticism is of course out of the question on an occasion of this kind, and were it otherwise, would, where all the performers acquitted themselves so thoroughly well, be most difficult. We may, however, be permitted to mention the names of two young artistes who were particularly appreciated—Miss G. Ganz and Miss Adelaide Detchon. The former, a pupil of Signor Adelman, sang with beautiful effect, and reflected the greatest credit on her preceptor, whose own voice many were disappointed not to hear. Miss Adelaide Detchon came as a surprise, and a most welcome one in her fresh delineation of American humour and pathos. Several of the ladies acknowledge their indebtedness to homœopathy, Miss Ganz being a patient of Dr. Hamilton and Madame Antoinette Sterling and Miss Detchon being patients of Dr. David Wilson.

In the course of the afternoon Major W. Vaughan Morgan addressed a few words to the audience—numbering about 500—and observed that as several weeks had elapsed since the arrangements for the concert had been made, it would not have been surprising if, from various causes, some of the artistes who had so kindly promised their gratuitous services should have been unable to fulfil their intentions; with one, or at most two, exceptions, however, it was expected that every one would appear, so great was their desire to keep their promises

and so strong their zeal for homœopathy. Lady Monckton having to appear in a *matinée* and evening performance of "The Red Lamp" was physically unable to be present, but they had a most perfect substitute in Miss Adelaide Detchon, a charming young American, who was about to make her *début* in London. Mrs. Bernard Beere, who also had to take part in a morning performance, had still promised to come if possible, and had generously contributed five guineas to the fund. The Major added that it had greatly interested him to find that so many of our very best artistes were believers in the doctrine of Hahnemann. He held in his hand letters expressive of sympathy with their cause from Patti, Albani, Nillson, Mary Anderson, Sims Reeves, George Grossmith and others, all regretting their inability to be present. Major Morgan then briefly directed the attention of those present to the object of the Hospital, viz., the establishment of a Convalescent Home, some particulars of which would be found on the programmes, and announced that nearly £2,000 had been promised already, even before they had commenced to solicit subscriptions. The fund was, however, opened with the Concert, and henceforth anyone connected with the Hospital would be willing to receive annual subscriptions from one guinea upwards, and donations from one thousand pounds downwards; indeed, he was not quite certain that even larger sums would be refused.

The plan proposed is that the Convalescent Home should be at some seaside health resort—St. Leonards-on-Sea, or other suitable place. If the board of management should be so fortunate as to receive the gift of a house in any such locality, the gift would itself determine the location of the Home. The Home would be for the reception of—(a) convalescent men, women, and children who have been treated in the wards of the London Homœopathic Hospital; (b) nurses of the Hospital who require rest after severe nursing duties; and (c) such other persons in need of rest and change of air as subscribers and donors to the home may recommend. It was proposed that every annual subscriber should have the privilege of recommending one patient annually for every guinea subscribed; and that donors should have the same privilege, in perpetuity, for every sum of ten guineas contributed. In accordance with the necessary custom of other Convalescent Homes, patients would contribute a small weekly sum in aid of their maintenance. The endowment of a bed in the Home—entitling to have one bed at disposal of the donor, absolutely free of any payment by the patient—would be £1,000, or by annual subscription, £35.

The first list of donations comprised :—

	£	s.	d.		£	s.	d.
A Friend (per Hugh Cameron, Esq.) ..	1,000	0	0	Miss Cruikshank (per Dr. Dyce Brown) ..	5	5	0
Mrs. Wm. Vaughan Morgan .. ..	100	0	0	Miss Meade-King ..	5	0	0
A Friend (per Mrs. W. Vaughan Morgan) ..	100	0	0	Per Mrs. Harper—			
Mrs. Wm. Vaughan Morgan (Collections)	38	2	0	Sir Wallis Alexander ..	3	0	0
Mrs. Alexr. Gordon (per Mrs. Wm. Vaughan Morgan .. ..	10	10	0	Lady Willoughby ..	1	0	0
Miss Barton .. ..	50	0	0	Thos. D. Galpin, Esq.	10	0	0
Friends (per Miss Barton)	23	12	0	Miss Hibbert .. ..	1	0	0
Dr. J. Say Clarke ..	5	5	0	Mrs. Hibbert .. ..	5	0	0
Mr. J. Say Clarke ..	5	5	0	The Lady Caroline Courtenay .. ..	1	10	0
Miss Crampton ..	10	0	0	The Hon. and Rev. Canon Courtenay ..	1	10	0
H. W. Prescott, Esq.	5	5	0	Mrs. Hankey .. ..	1	0	0
Mrs. Locock (per Mr. Knox Shaw) ..	10	0	0	Mrs. Dallas .. ..	2	2	0
R. B. Evered, Esq. ..	10	10	0	A. F. Govett, Esq. ..	2	0	0
Henry Tate, Esq. ..	50	0	0	The Countess of Seafield	1	0	0
G. A. Cross, Esq. ..	2	2	0	Mrs. Graham .. ..	1	0	0
Mrs. Bernard Beere ..	5	5	0	Mrs. Hargreaves Brown	20	0	0
Mrs. H. F. Cox ..	1	1	0	Mrs. Alex. Brown ..	25	0	0
Mrs. Webbe (per Dr. Moir) .. ..	5	0	0	Mrs. Meeking .. ..	5	0	0
Miss Green (per Dr. Moir) .. ..	21	0	0	Mrs. Granville Somerset .. ..	1	1	0
Frederick Rosher, Esq.	5	5	0	A. Reade, Esq. ..	2	0	0
Miss Madeline Hill ..	5	5	0	The Right Hon. Lady Llanover .. ..	5	0	0
J. Pakenham Stillwell, Esq. ..	3	3	0	The Lady Jane Lindsay	1	1	0
Mrs. John Stillwell ..	1	1	0	Miss C. J. Kindersley	2	10	0
G. Holt Stillwell, Esq.	1	1	0	Miss F. Loring ..	2	10	0
Miss Hallett .. ..	5	0	0	Mrs. Locke .. ..	1	0	0
Stephenson Clarke, Esq.	10	10	0	Admiral Baillie Hamilton .. ..	0	10	6
Miss Brandt .. ..	1	0	0	Mrs. Lewis .. ..	1	0	0
A Friend (per Dr. A. Pullar) .. ..	2	2	0	Miss Bryce .. ..	1	1	0
				Miss Helen W. Brand	0	10	6
				Miss Durning Smith ..	100	0	0
				Mrs. Lawrence ..	5	0	0
				The Earl of Dysart ..	50	0	0

We have since learned that the Concert realised the handsome sum of £250 after payment of all expenses.

OLIVER WENDELL HOLMES AND HAHNEMANN.

In the June number of the *Atlantic Monthly*, Dr. Holmes describes his visit to Malvern. There he and his daughter made the Foley Arms their head-quarters. He says :—"The room I was shown to looked out upon an apothecary's shop, and from the window of that shop stared out upon me a plaster bust, which I recognised as that of Samuel Hahnemann. I was glad to change to another apartment, but it may be a comfort to some of his American followers to know that traces of homœopathy—or what still continues to call itself so—survive in the Old World, which, we have understood, was pretty well tired of it."

The sight of a bust of Hahnemann must have raised unpleasant memories of forty-five years ago in the mind of the author of *Homœopathy and its kindred Popular Delusions*. It was then that the ex-Professor of Anatomy in Harvard University assumed the rôle of a prophet and declared that in ten years' time homœopathy would be unknown in Boston! The sight of Hahnemann's bust as he looked from out the window of the Foley Arms was a witness in plaster against him. Of the future of homœopathy in Malvern he had indeed not ventured to say anything, but it could not fail to recall to him the present position Hahnemann's doctrines held in Boston, where, had he been a true prophet, all knowledge of it would have disappeared more than thirty years ago.

The very sight of the plaster-cast of the features of the great therapeutic reformer would remind him that the members of the medical faculty of Harvard's young rival were, one and all, homœopathists! That, whereas, in 1843, when he undertook to prophesy, there were only about ten medical representatives of homœopathy in all Boston, there are now between two and three hundred! To have before his eyes a constant reminder of these facts might well make him "glad to change to another apartment." The view over the valley of the Severn must have been a delightful change from a constant contemplation of the massive brow and stern features of Hahnemann—of him of whom, nearly half a century ago, he had said that he would be among the forgotten ones within a few years!

The American followers of Hahnemann know too well how homœopathy fares in the Old World to need any comfort from the fact of Dr. Holmes having seen a bust of the Father of Pharmacology in a shop window in Malvern! They know full well, and Dr. Holmes probably knows also, that "traces of homœopathy" not only survive in the Old World, but that they are to be met with in every modern work on therapeutics worthy of a place in a medical library!

Dr. Holmes may have "understood" that the Old World "was pretty well tired of homœopathy." If so he has been very much misinformed. The majority of the medical men of the Old World are just beginning to wake up to the conviction that homœopathy is, after all, of "partial application" in drug-selection. And the further they extend its application the less "partial" and the more general will they find it to be.

Dr. Holmes, as a poet and *litterateur*, is one of the most delightful of men. As a teacher of anatomy, he was, we have understood, rather of the Edinburgh Monroe *tertius* order; as a physician his success was but moderate; but as a prophet he is the most conspicuous failure the New England States

ever produced. Had he but acted upon the advice of his humorous fellow citizen, the late Artemus Ward, who says, "No man should never attempt what isn't his forty," the probability is that he would never have handled a scalpel, have written a prescription, or attempted to peer into the future of therapeutics!

### MARGARET STREET INFIRMARY.

THE recent campaign at this institution in support of freedom of opinion and practice in the art of medicine has attracted a good deal of attention among the provincial press, The *Oxford Herald* and the *Aberdeen Free Press* have especially signalised themselves in this way. The former refers to the matter at some length, and regards the conclusion as one in "which all persons who care for the science of medicine and the good of their fellow-creatures will rejoice." The latter gives a very full report of the proceedings, and describes it as "a notable effort to render a mode of medical treatment which distinguished and fully-qualified medical men believe to be based upon evidence never yet fairly met, inadmissible in an infirmary of such respectability as the Margaret Street one." Happily, it was not only a "notable effort," but also a notable failure to render this mode of medical treatment inadmissible at Margaret Street.

### TORQUAY HOMŒOPATHIC DISPENSARY.

At the thirty-ninth annual meeting of the Committee, held Friday, Feb. 25th, 1887, the following medical report was presented:—

Patients remaining from 1885...	...	...	167
Admitted during 1886 ...	...	...	714
			881
Cured ...	...	...	291
Relieved ...	...	...	286
No Change ...	...	...	84
No Report ...	...	...	122
Deaths ...	...	...	6
On Books ...	...	...	142
			881

The medical officers are Dr. Midgley Cash and Dr. Edgelow.

## CROYDON HOMŒOPATHIC DISPENSARY.

## REPORT FOR 1886.

THE Dispensary was open four mornings in the week instead of two as before. There have been 566 patients under treatment as compared with 422 of the previous year. The number of attendances was 2,242, being an increase of 635 over that in 1885. Of the above there were :—

Cured or Relieved	...	...	...	...	440
No Decided benefit	...	...	...	...	46
No Report	...	...	...	...	80

The medical officers are Dr. T. E. Purdom and Dr. J. Delepine.

## NOTICES TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

Reviews of *Tinnitus Aurium*, by Dr. Althaus, and of *Vittel*, by P. Rodet, M.D., together with a notice of Zinfandel, a Californian wine of considerable value, are unavoidably postponed until our next number.

Communications, &c., have been received from Dr. DUDGEON, Dr. J. G. BLACKLEY, Major VAUGHAN-MORGAN, Mr. CROSS (London); Dr. PULLAR (Norwood); Dr. SHARP (Rugby); Dr. J. W. HAYWARD (Liverpool); Dr. HUGHES and Dr. HALE (Brighton); Mr. DEANE BUTCHER (Windsor); Dr. CASH REED and Dr. ALEXANDER (Plymouth).

## BOOKS RECEIVED.

*On Spectacles. Their History and Uses.* By Professor Horner, M.D. London : Baillière, Tindall & Cox. London, W.C.

*The British, Continental and Colonial Homœopathic Directory for 1887-8.* London : Keene & Ashwell, Bond Street.

*The Homœopathic World.* London. June.

*The Hospital Gazette.* London. June.

*The Monthly Magazine of Pharmacy.* London. June.

*The North American Journal of Homœopathy.* New York. May.

*The New York Medical Times.* June.

*The American Homœopathist.* New York. June.

*The Chironian.* New York. May.

*The New England Medical Gazette.* Boston. June.

*The Hahnemannian Monthly.* Philadelphia. May.

*The Homœopathic Recorder.* Philadelphia. May.

*The Medical Era.* Chicago. June.

*The Clinique.* Chicago. May.

*The Clinical Review.* Chicago. May.

*The Medical Counselor.* Ann Arbor.

*Bulletin de la Soc. Hom. Med. de France.* June.

*Bibliothèque Homœopathique.* Paris. Feb. and March.

*Allg. Homœop. Zeitung.* Leipsic. May.

*El Criterio Medico.* Madrid. May.

*Rivista Omiopatica.* Rome. May.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE PRESENT METHODS OF DILATING  
THE CERVIX UTERI.\*

By EDWARD T. BLAKE, M.D., LONDON.

MR. PRESIDENT AND GENTLEMEN,—The subject on which I shall have the highly-prized distinction of addressing you, namely, “The Present Methods of Dilating the Cervix Uteri,” is one of no mean importance.

Artificial enlargement of the uterine ingress is, I need not remind you, even now a comparatively new operation. Still I admit that, without a pause for thought, it seems scarcely credible that not half a century has passed away since the brilliant and original genius of James Simpson made dilatation an integral part of legitimate surgical procedure.

About the year 1842, when Simpson was working out in Edinburgh the problem of intra-uterine exploration, Recamier was indeed using an intra-uterine sound in Paris.†

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\* Read before the Annual Assembly of the British Homœopathic Society, June 29th, 1887.

† Both these distinguished men had, perhaps, received an unconscious stimulus from the publication in France, during September,

The neck of the womb had, of course, been dilated by surgeons and by obstetricians long before Simpson's time, but, nevertheless, to that startling innovator is justly due the immense credit of showing that the cervical canal of the non-gravid uterus may be, under certain conditions, safely enlarged.

It is quite impossible, now that the operation is a familiar part of our daily routine work, to realise its gravity and importance, or to appraise at its right value the intrepid and dauntless courage of that man who dared, in the face of much hostile criticism, to carry out the first deliberate dilatations.

Simpson had long observed that maternity, when uncomplicated by sequelæ, was, in a large percentage of women, a radical cure of their dysmenorrhœic distress. This set his ever-active brain to work to discover some certain yet safe method of imitating this beneficent result of motherhood.

The end of these cogitations was that many methods of dilating the cervix were tried, and a very curious success often followed those efforts.

We know that not only did the dysmenorrhœa disappear, but that occasionally sterility ceased with it.

Simpson was able to add enormously to the palliative and curative means at his disposal. He found himself not only in a position to relieve the horrible recurrent sufferings of dysmenia, but he could now introduce curative materials into the uterine cavity; he could more

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1819, of two octavo volumes, entitled, "*De l'Auscultation Médiate ou Traité du Diagnostic des Maladies des poumons et du cœur, fondé principalement sur ce nouveau moyen d'exploration*," par René Theophile Hyacinthe Laennec.

Attached to the later editions of this work was an appendix on the application of physical diagnosis to abdominal and other diseases.

It is deeply interesting to read in it the characteristically modest and self-effacing words of Laennec himself:—"It had never occurred to me to apply auscultation to the study of the phenomena of gestation. For this happy idea we are indebted to Dr. Kergaradec, who hit upon it while verifying the facts contained in the first edition of this work. He obtained two results, which may now be considered as the most certain signs of pregnancy. These are:

"1st. The pulsation of the heart of the fœtus; and

"2nd. A sound denominated by its discover, simple blowing pulsation, or placental sound." We are aware now that these observations were correct. The second sound is still known as "The Placental Souffle," the name given by the first observer, Kergaradec, who was a personal friend of Laennec.

easily modify a perverted position, and he could with ease remove from the wall and from the cavity of the uterus morbid growths hitherto viewed as irremovable.

Of all Simpson's multifold and wonderful contributions to pelvic surgery, though, perhaps, not the most imposing, none certainly exceeded dilatation of the cervical canal in importance.

It would ill become us to blame this great man for forgetting, in the flush of his success, the important fact that as maternity often cures dysmenia so it is quite equally true that the pain usually, in those who have borne no children, disappears of itself about the age of thirty. Operations, therefore, conducted just before that epoch, for the relief of the misery of menstrual pain, do not always deserve the credit they obtain. Happily for us, we know how to relieve, nay, organic change being wanting, how to cure these distressing sufferings by means more gentle and not less potent.

It was probably as much from considering this fact, as from the frequency of cellulitis following the use of dilators, that led Emmet last year to astonish the members of the Brighton Congress by a sweeping and violent denunciation of one and all of those pieces of intra-uterine practice that he had in former years done so much to popularise.

Is Dr. Emmet afraid that his disciples have proved too apt as pupils, or is he beginning to reach the age when executive yields to caution, and energy is palsied by prudence?

Already, in his 1879 edition, he so hedges round the cases where tenting is admissible, that one rises from the perusal of the passage, feeling that if in England one had to wait till all the needful conditions were present dilatation would indeed become a dead letter.

For Dr. Emmet, having premised that no cellulitis be present, goes on to say that it must be a bright day, *wind in a certain quarter*, patient must not put her foot to the ground, the feet must have hot applications, the operation must always be carried out at the home of the patient, &c., &c.

This, I take it, is a rather roundabout way of saying that the proceeding is always so fraught with peril that it is really inadmissible. As a matter of fact, I have, during a quarter of a century of very frequent use of

tents, once only seen cellulitis follow the employment of that method of dilating.

In this instance a badly gonorrhœalised cervical erosion was present; no antiseptic was applied to it. I am of opinion that if the heel of the tent had been dipped in a germicide there would have been no peril of producing cellulitis. For this purpose eucalyptol is convenient, it does not swell the tent. An ethereal solution of iodoform has the same advantage.

If we know that the sponge was clean its heel only needs antiseptic treatment, as that portion alone comes in contact with the outer air.

In this paper I propose to confine myself entirely to the question of dilatation of the non-gravid uterus. It will be convenient to consider the subject on its clinical aspect. The womb may be dilated for three chief purposes.

1st. To relieve pain, tending to obviate sterility.

2nd. To remove morbid elements.

3rd. To introduce therapeutic agents.

For practical purposes the methods of dilating divide themselves naturally into two sorts, viz., immediate and delayed.

The latter operation still finds favour in the old country, and in Europe generally; the former, or more modern operation, first, I believe, performed in the States, appears to be preferred by American gynæcologists.

I must confess that my sympathies are with the latter, and for that preference I will presently state my reasons.

#### DELAYED OR IMMEDIATE DILATATION

is usually effected by introducing into the canal of the cervix some expanding material, as sponge, sea-weed, or soft wood in a contracted form. Another method is to pass an empty soft rubber tube, to be afterwards slowly filled with water. On the latter principle are based the dilators of Barnes and of Molesworth.

#### IMMEDIATE DILATATION

is practised in three ways.

1st. Sudden or violent, it being intended that the cervix be ruptured to a certain extent.

2nd. Forcible dilatation, where care is taken not to rupture the cervix.

3rd. More delayed dilatation, which approaches in its nature the immediate method.

Dilatation with knife-notching will not be noticed, because it properly belongs to the domain of metrotomy.

The first method we need not discuss. Most of my listeners will agree with that distinguished gynaecologist, Thomas Addis Emmet, that this is a proceeding to be admired for its daring, rather than imitated for its wisdom.

#### 2ND.—FORCIBLE DILATATION

may be practised in a variety of ways.

The most ordinary method, is to use double or triple diverging metallic blades.

Personally I employ Palmer's divergents, a most useful instrument. It may be much improved by having the tips much smaller, so that they may be made to enter a nearly stenotic os.

The three-blade dilator of Marion Sims, is very valuable. These dilators have obtained an evil name in Europe, by the want of skill in their employment. The screw, which should be used only to rest the hand, has been made the dilating agent; this, together with an undue haste, has led in cases of friable cervix to needless laceration. I have employed these dilators very largely, and have never witnessed an approach to rupture.

Another way is to introduce a sheaf of guarded wires, something like a small closed umbrella. Within the wires a bulb is forced inwards, gradually thrusting the wires asunder like an opening umbrella, or after the manner of an urethrometer. This is known as Aveling's method; it is practised at the Chelsea Hospital for Women. It is understood that the patient is first placed under the influence of some anæsthetic; nitrous oxide answers well for this purpose.

#### 3RD.—DELAYED DILATATION.

With the object of dilatation, Molesworth's rectum-dilator is sometimes used. In the case of a miscarriage, where all hope of preserving the life of the foetus is lost, and it becomes needful to clear the uterine cavity, this is probably the best instrument. It not only insures gentle and ample dilatation, but it entirely obviates the possibility of hæmorrhage.

The physician having applied this dilator, can with an easy mind leave the case for a few hours, certain that on his return with a Sims' scraper, or a Simon's spoon, he can get everything clean away. The mechanism of this dilator is very simple. A hollow finger of soft rubber, containing a pewter director, is passed well through the os, and warm water is forced into the caoutchouc cap, either by means of a syringe, or still better, by persistent hydrostatic pressure from a well-raised vessel. The only draw-back to this instrument is, that it needs very gentle manipulation, or it is prone to give way at a most critical moment.

All these dilators act from within out by expansion. They are the most rational, because they imitate most closely the efforts of nature in the same direction. They are apparently the most popular in the States.

In Europe bougies are much more frequently employed. When used properly, that is with the cervix fixed by means of some appropriate vulsellum forceps, these are mainly safer in unskilled hands than those of the latter group. The favourite form of bougie at present, that of Professor Hegar, of Freiburg.

They are simply bent ebonite cylinders, ending with a blunt cone, furnished with a small handle marked with respective diameters of their transverse sections from millimetres (1-12th of an inch) to 26 M.m. (one inch). They are about 10 Cm. (8½ inches) in length. There are besides some much thicker, for comparatively rare emergencies. The diameters of the whole series differ successively by half a millimetre.

Tents of all kinds are certainly falling into disuse in the schools. But for one purpose they are invaluable. That is in getting away multiple young polypi, and in moving the villi in a case of endometritis papillosa. As, as observed before, they should always be carefully rendered aseptic.

For purposes of dilatation pure and simple, I have personally abandoned the use of tents altogether. My reasons for this practice are—

1stly. Because their action is tedious, involving many procedures where one would suffice.

2ndly. Their use is horribly painful.

3rdly. Cellulitis may be induced, or if latent it may be brought up by them.

### DISCUSSION.

Dr. ROTH (President) said he thought they must feel very much obliged to Dr. Blake for his detailed description of the different kinds of dilating instruments, their special characteristics and uses, and he would now merely request those who had experience in the subject of the paper to make remarks upon it.

Dr. DUNHAM (New York), being called upon, said upon the general subject of dilatation of the uterus he had seen some experiments in hospitals which he certainly would not like to try in practice. For example, it was the practice of some surgeons to cut the uterus and sew up afterwards. The customary instrument in use in America was the bivalve instrument, but they used none of the tents exhibited by Dr. Blake. But it was not now so frequently the practice to lacerate the uterus and sew up.

Dr. DAY said he had seen the cervix dilated with steel sounds, and had noticed, during the reading of the paper, that Dr. Blake had not mentioned them.

Dr. BLAKE, replying, said that he had used them for some time, but had abandoned them.

Dr. CARFRAE thought that discussion on such a paper as had just been read was somewhat difficult, inasmuch as it consisted chiefly of the author's opinion of the relative merits of the instruments exhibited and described. These were principally such as are generally used for dilatation of the cervix uteri. While he, to some extent, agreed with Dr. Emmet in thinking that intra-uterine medication was too often resorted to as a method of treatment in uterine diseases, there was no doubt that dilatation was sometimes extremely useful. He instanced the case of a patient, aged 70, who had alternating copious watery discharge and hæmorrhage from the uterus, with acute pain in the pelvic regions, emaciation, &c. The sound showed considerable uterine enlargement. The cervix was dilated with tangle tents; the mucous membrane freely painted with solution of iodine, and a weak solution of the same medicine used thereafter as an injection. From that day the patient gradually recovered and was well now. Dr. Carfrae did not quite agree with Dr. Blake in regard to his mode of dilatation. He could not help thinking that the rapid dilatation recommended by Dr. Blake was not unattended with danger, and always preferred using the bougies exhibited, which were absolutely safe. There was some amount of truth in Dr. Blake's statement that the method was tedious, but its perfect safety ought to make us bear with the tediousness. If he used any of the instruments recommended for rapid dilatation he would give the preference



to Sim's; Aveling's he thought too large, even when compressed to its smallest size. The operation was often called for in stenosis of cervix, and it would be impossible to introduce Aveling's instrument with such a condition of matters. The curette, dignified by the name of Dr. Blake, seemed to Dr. Carfrae to differ in no way from that he invariably used, except, perhaps, in size, and he failed to see why it should be so named. Incising the cervix, as was well known, was often used as an aid to dilatation. This operation Dr. Carfrae said he had a decided objection to under almost any circumstances. He was not a little amused the other day. He asked an American physician if there was anything new or interesting going on in his country in gynæcology. The reply was, Not much; most of the practice there among gynæcologists consisted in stitching up cervices *à la* Emmet which had been slit up *à la* Sims. Dr. Carfrae thought it might not be out of place here to refer to the treatment of dysmenorrhœa by dilatation. His experience so far of this method of treatment was disheartening and unsatisfactory. As an illustration of this he would mention the case of an out-patient at this hospital. She was a young girl who had, ever since she commenced to menstruate, suffered agonies at the "period." Medicines were tried fairly and fully but without any beneficial result. The cervix was dilated by means of the bougies already spoken of. The next "period" was absolutely painless, and for some time the patient was comparatively free from suffering; but the pain latterly had returned and she was now nearly as bad as ever. Faradization was now being used, and he hoped to be able at a future meeting of the Society to report the result.

Dr. GALLEY BLACKLEY said he quite agreed with what Dr. Carfrae had said as to the desirability of gradual dilatation by bougies, which show how far it is safe to go, running no risk of over dilating the muscular structures.

Dr. ROTH (President) remarked that one of the instruments shown by Dr. Blake was similar to a French speculum which had been in use many years ago. Dr. Blake had mentioned no instrument for dilatation by air, such as had been used for dilating the rectum and for replacing a displaced uterus. But he had mentioned dilatation as used for alleviating pain; would Dr. Blake tell him what kind of pain that would be.

Dr. BLAKE replied briefly to the effect that he could not tell the President that the injection of air into a distensible chamber had ever been employed for cervical dilatation. The pains relieved by enlarging the uterus were of course the pains of dysmenorrhœa.

In reply to Dr. Roberson Day, Dr. Blake said he viewed the steel bougies as similar in action to the ebonite kind devised by Dr. Hegar. Dr. Blake had tried them and did not like them.

Dr. Blake would like to have heard from Dr. Carfrae what remedies he had found best in menstrual pain, the indications and potencies. Dr. Blake had more faith than ever in homœopathically selected drugs for functional pelvic disease, and he especially believed in the higher dilutions; though in dysmenorrhœa Dr. Blake did not find the high dilutions so good as the lower. *Cocculus* had relieved more cases by far than any other remedy. Dr. Blake's indications were sickness, giddiness, clots, distension. Next came *platina* 6 trit. Profusion, clotting, bearing down, and facial pains. *Caulophyllum* came after for general pain, no special indications, and the others a long way behind.

Dr. Blake only claimed for his own dilator shown, that it was the only one that could be made to enter a completely stenotic os. He felt more than ever convinced that one kind of dilator would not suit all cases, he had tried to show that certain dilators were more suitable for certain conditions than others.

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## ADDRESS OF THE PRESIDENT OF THE BRITISH HOMŒOPATHIC SOCIETY AT THE CONCLUSION OF SESSION 1886-7.\*

ACCORDING to the usual custom I have, in my address to you this evening, to give a short account of the principal events relating to homœopathy during the session which closes to day.

I consider it my duty to remind you first of the losses and the gains of our Society. Afterwards I shall refer to the work done by the Society; to the events relating to homœopathy which are of recent occurrence; and shall conclude with a word of advice to my junior colleagues.

Gentlemen and Dear Colleagues,—Amongst the losses in our ranks I have to record that of Dr. GEORGE DUNN, who, after having been for some time in the merchant navy, studied medicine, and had the great merit of having established a homœopathic hospital, mostly supported by working men, at Doncaster.

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\* Read at the Annual Assembly, June 30, 1887.

2. Dr. RANSFORD, who was at first a bitter enemy to homœopathy, but who published later an interesting essay, in which he gave his reasons for embracing it. He practised homœopathically for forty years.

3. Dr. HAYLE, who for many years had a large practice in Rochdale. He delivered two powerful lectures in defence of homœopathy when it was attacked in Newcastle by Dr. Glover.

4. Dr. TORRY ANDERSON, who, notwithstanding his early death at the age of 31, enjoyed the esteem of his colleagues, especially of those in the London Homœopathic Hospital.

5. Dr. BELL, who for more than sixty years was in practice. He propagated homœopathy in Norwich, and later amongst the higher classes of London society. He attained the ripe age of 84.

6. Dr. DUNCAN MATHESON practised homœopathy most successfully, both in Newcastle and London. In reply to Dr. Gibb, a bitter opponent of homœopathy, he gave a lecture at an annual meeting of the subscribers to the Homœopathic Dispensary in Newcastle, in which he pointed out the real nature and meaning of homœopathy, and also its great advantages.

7. Dr. MARKWICK was one of the physicians of the London Homœopathic Hospital, and practised for thirty years most successfully as a homœopath. He was the inventor of spongio-piline.

8th. Dr. NEWMAN was a highly respected and a very successful practitioner in Bath. To him belongs the credit of having established the Homœopathic Hospital and Dispensary in that city. He was also the author of the *Homœopathic Domestic Assistant*.

9th. Dr. GEDDES SCOTT was first induced to study medicine and homœopathy after having made by chance the personal acquaintance of Hahnemann. He was the author of many interesting papers on homœopathy, and of the prize essay of the Parisian Homœopathic Society, on a logical and experimental demonstration that it is through homœopathy alone that the principles and practice of the science and art of medicine have attained a definite foundation.

It is gratifying to find, in connection with the memory of our late colleagues, that several of them have attained to an advanced age, and that almost all have contributed

more or less to the progress of homœopathy, not only by their successful practice but by their writings.

The new members who have joined the society during Session 1886-87 are : Thomas Hahnemann Hayle, M.B. London ; James C. Pincott, M.R.C.S., L.R.C.P., and L.M. Edinburgh ; Robert McWilliam, M.D. and C.M. Aberdeen ; Thomas Eadie Purdom, M.D. and C.M. Edinburgh ; Henry Mason, M.B. and M.C. Glasgow ; John William Ellis, L.R.C.P. and S. Edinburgh ; Edward Gardiner Gould, L.K.Q.C.P.I. ; John Roberson Day, M.D. London ; H. Ogden Jones, M.B., M.Ch. Toronto, L.R.C.P. London.

The following are the titles of the papers which have been read and discussed during the session :—

1st Meeting. A paper of Dr. Pope "*On the Physiological Action and Therapeutic Uses of Tartar Emetic.*"

2nd Meeting. A paper by Dr. Cooper, entitled "*Typical Examples from practice of the three principal forms of Deafness.*"

3rd Meeting. A paper by Dr. E. T. Blake, of London, entitled "*Notes on Adult Insomnia.*"

4th Meeting. A paper by Mr. C. Knox Shaw, of St. Leonards-on-Sea, entitled "*Notes of Cases treated Surgically in the Buchanan Cottage Hospital, Hastings.*"

5th Meeting. A paper by Dr. Neild, of Tunbridge Wells, entitled "*Observations upon Diphtheria.*"

6th Meeting. A paper by Dr. Carfrae, upon "*Some Gynæcological Cases recently treated Surgically in the Women's Ward of the Hospital.*"

7th Meeting. A paper by Dr. Roth (President of the Society) "*On the Physiological Effects of Artificial Sleep, and the Treatment of some Diseases by Suggestion.*"

8th Meeting. A paper by Dr. Pullar, of Norwood, "*On the Interpretation of the Homœopathic Principle in Relation to Pathology.*"

9th Meeting. A paper by Dr. J. H. Clarke, of London, on "*The Rationale of Drug-Action.*"

10th Meeting. A paper by Dr. E. Blake, of London, on "*The Present Method of Dilating the Cervix Uteri.*"

Besides the papers which we have had at our meetings I have to mention a few facts connected with the progress of homœopathy during the past session.

The first place in this record is occupied by the International Homœopathic Convention, at Basle, where

homœopathists of both sides of the Atlantic met during three days and interchanged various interesting communications. Owing to our indefatigable friend and colleague, Dr. Hughes, the transactions of this Convention were published a few months later and have been since then in your hands.

The *Cyclopædia of Pathogenesis*, of which the first volume was presented at the Convention, is the most important literary contribution of the past few years, and the editors hope that the whole work may be published before the next International Convention takes place in America, in 1891. The revival of the Hahnemann dinner in April has given occasion to a friendly gathering of many of our provincial and metropolitan colleagues, and of the friends of homœopathy. On the last occasion we had the pleasure of hearing that liberty of medical opinion and treatment had for the first time been admitted in the Margaret Street Infirmary for Consumption, the governors of this institution having approved that every qualified medical man should be free to act in prescribing according to his conviction, and, therefore, elected, as their medical officers, several homœopathic practitioners, notwithstanding a very powerful opposition. It is with much pleasure that I am able to speak of the slow but sure progress made by the Homœopathic League in instructing the public at large in the advantages and benefits of homœopathy; and the admirable tracts, written by our anonymous colleague, published, distributed and sold by the League are undoubtedly the best means for obtaining the object desired.

The increasing interest in the establishment of homœopathic dispensaries and hospitals is a good sign of the progress of our cause. The Liverpool Homœopathic Hospital, which will shortly be opened, will undoubtedly contribute to the success of homœopathy, and it is to be hoped that in course of time, and with the increasing conviction of the public of the great and beneficial influence of homœopathy, many more hospitals will be established.

As an old practitioner, of almost 50 years' standing, I take the liberty the present occasion offers of giving some advice to my younger colleagues. I would urge them not to confine themselves to the study of drugs, but to extend their studies to the investigation of the physio-

logical and curative effects of dynamical as well as material influences. Every young practitioner should know the effects of the various modes of applying hot and cold water, of steam and ice, of their alternate applications, and of their use in acute as well as in chronic complaints. The various modes in which they are used, as compresses, as shower, douche, ablution, partial or full bath, &c.

The knowledge of the physiological and curative effects of active and passive movements, as well as of movements with resistance on the part of the patient, or that of the medical man, will be frequently of the greatest use in practical life.

Lately, passive manipulations, scientifically called massage, have been very fashionable, and numbers of ignorant and uneducated rubbers, masseurs, bone setters have often relieved or even cured many a patient who had not derived any benefit from the most skilful and renowned physicians and surgeons. The study of the passive manipulations includes not only the physiological effects but also the practical execution of each manipulation. The knowledge of electricity, whether static, voltaic or Faradaic, is also required. Duchenne's localised application, either with a continuous or an interrupted current, or with alternate currents, will be often useful in practice, and in this branch there are also many empirics who put celebrated practitioners to shame by having cured their previously unsuccessfully treated patients.

Lately I have called your attention to hypnotism and the curative effects derived from suggestion. This is also a branch of the healing art which should not be neglected by any medical practitioner, and ought not to be left in the hands of uneducated people.

It is no doubt very galling to find patients whom we have tried, according to our best knowledge, to treat without success, cured by an outsider, an uneducated and mere empiric, who has successfully employed an agent either entirely unknown to or treated with contempt by the medical profession.

The hunger and grape cure, the milk and whey, koumiss and kefir treatment, mineral waters are also used in many cases, but unhappily many practitioners have little knowledge of these modes of treatment.

I fear I have detained you too long already, and therefore I cannot enter into the details of other non-medicinal modes of treatment, but I have felt it to be my duty to draw the attention of my younger brothers in a few words to this subject. They may do so very effectually by making use of their holiday to visit watering places and health resorts in the United Kingdom as well as on the Continent, to visit workhouses, prisons, the habitations of the poor, industrial establishments, institutions and asylums for the blind, the deaf and dumb, the crippled and the insane, thus they will collect an amount of knowledge which will prove very useful in their professional career. At the same time I would invite them to pay much attention to the study of hygiene, a daily progressing and very important science which homœopaths should study with much zeal, not only because Hahnemann more than a century ago gave them a great example in so doing, but also because the highest aim to be obtainable by medicine is the prevention of the great majority of diseases.

As an example of the importance of hygienic means and of non-medicinal treatment, I shall just add a few words on a recently introduced mode of treatment by kefir.

### *Kefir*

Is milk, which, by the addition of some specific ferment, is changed into a substance in alcoholic fermentation. All kinds of milks—mares', asses', sheep's, cows' and goats' milk—can be put into alcoholic fermentation. Usually, kefir is made of unskimmed milk which has been boiled. The boiled milk is preferable because, according to the experience of Messé & Schmidt, a larger amount of the hemi-albuminous substance is produced at the expense of the casein and albumen, thus milk is much easier to be assimilated.

According to the age of children, various kinds of kefir are used, and, therefore, instead of pure milk, milk which has been diluted with water in a larger or smaller proportion is employed.

The alcoholic fermentation is produced in the milk, either :

- 1st. By the addition of the kefir ferment ;
- 2nd. By the addition of milk in alcoholic fermentation, previously caused by particles of kefir ;



3rd. By the addition of sour milk in proportion of 1 to 8 or 10 parts of sweet milk.

Professor Mouti, in Vienna, has published some interesting observations on the use of kefir in the treatment of infants; especially of those who suffered from chronic dyspepsia or intestinal catarrh. In the majority of cases kefir was well digested and it was taken cheerfully, and after the disorder had been cured increase of weight took place. Children of one or two years, suffering from abdominal complaints, have also been treated successfully with kefir.

Older children, suffering from anæmia, considerable emaciation after exhausting diseases, chronic catarrh of the stomach and the intestines, bronchial catarrh and chronic pneumonia, kidney diseases, rheumatism of the joints, have also been treated successfully with kefir, which was not only nourishing, but caused appetite, and thus the patients were enabled to take more tonic food without any disturbance to the digestion. In all cases where the use of fresh air and suitable exercise is combined with the treatment by kefir still more successful results may be expected.

Permit me to thank you for the kindness you have always shown to me during the period I have had the honour of presiding in our Society.

Dr. DUDGEON moved in most complimentary terms a vote of thanks to the President.

Dr. HUGHES seconded the vote, and (being the new elected President) said he hoped to follow the good example of the retiring President, and wished that he was sure that he would satisfy the Society.

The resolution having been passed by acclamation,

Dr. ROTH returned thanks, and told the Society they might be sure that in Dr. Hughes they would have a more efficient President.

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## HOMŒOPATHY AND ANTIPRAXY.

By WILLIAM SHARP, M.D., F.R.S.

“Truth loves open dealing.”

—SHAKESPEARE (K. Henry VIII).

“Find out what you really *think*, then proclaim it,  
And stick to it through all discouragement.”

—MR. GOSCHEN.

1. In this age of the world very commonly *Truth is the Losing Cause*. And as a consequence of this, men who

are sincerely and earnestly in search of truth often suffer from injustice, and suffer most from some of those who are engaged with them in the same search. Sometimes this injustice is dictated by unworthy motives, but it is not necessarily so; it may arise from want of better information. The case to be dealt with in this paper is, I believe, one of the latter kind, and it is written in perfect charity towards all concerned.

To learn the action of drugs by experiments with them on the *healthy* is a true step towards laying a scientific foundation for therapeutics. A few physicians have attempted this, three of whom deserve to be mentioned—Baron Stöerck, of Vienna, in 1760; William Alexander, of Edinburgh, in 1768; and Samuel Crumpe, of Ireland, in 1793. But for forcing such experiments upon the attention of the medical profession we are indebted to Samuel Hahnemann, whose first essay on the subject was published in *Hufeland's Journal* in 1796.

The experience of more than two thousand years might have convinced medical men that to learn the action of drugs satisfactorily by experiments upon persons whose condition is complicated by disease is impossible. To learn it satisfactorily by experiments on the lower animals, if not also impossible, is highly improbable. It is grievous to think of the many noble intellects that are now at work in physiological laboratories, endeavouring to lay a foundation for therapeutics by their experiments, whose hopes must ultimately be mainly, if not entirely, disappointed. It is putting out eyes in the hope of seeing better ourselves.

A second step, also insisted upon by Hahnemann, is experimenting, both on the healthy and on the sick, with *one drug* at a time. It is wonderful that a method so obviously good should not have been followed from the first; but it is too well known to need stating that it has never yet been adopted by physicians as their rule in prescribing.

It ought not any longer to be doubtful that a scientific foundation for the use of drugs as medicines may be laid by the adoption of these two methods—experiments with drugs upon ourselves while we are in health, and experiments with only one drug at a time, both upon ourselves in health, and afterwards when prescribing them for our patients. It is open to every member of the profession

to begin these two methods to-day, and it is certain that this would lead to the greatest improvement ever made in the treatment of the sick with medicines.

The connection which Hahnemann afterwards endeavoured to trace between the action of drugs in health and their action in disease is a third step. That he failed to discover the true connection is not marvellous—he had already done enough to earn our gratitude. That he dogmatised as he did on the aphorism *similia similibus curantur*—"like actions of disease are to be cured by like actions of drugs"—was a mistake to be regretted. The aphorism has truth in it, but it has error also. That afterwards, like the benevolent astronomer in Rasselas, he became deranged, not about guiding the weather, but about giving infinitesimal doses, \* and about his position as a leader, † is a painful story. How the disastrous consequences which have befallen the medical profession from this mental aberration are to be surmounted it is hard to say. The obstacles are exceedingly great but not insuperable.

2. It is to be remembered that "the goal of science to-day is its starting point to-morrow; that it is [almost] as far as at any previous time from seeing the limit of its conquests, and that every victory gained is but the opening of the way for a farther advance."‡ No science advances so slowly as the science of therapeutics; yet since it is nearly a century since the two steps now described were taken, it is not unreasonable to hope that something more may have been done.

Experiments with drugs on healthy persons, and experiments with each drug by itself, have been the methods. Have any results followed from the use of these methods which may be called scientific? Yes: the third step towards laying the foundation of therapeutics is the *localisation* of disease, and of the action of drugs. This

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\* "For it holds good, and will continue to hold good," &c. *Organon of Medicine*, by Samuel Hahnemann, translated by R. E. Dudgeon, M.D., Note to sec. cxxlvi., p. 289.

† "He who does not walk on exactly the same line with me," &c. *Lectures on the Theory and Practice of Homœopathy*, by R. E. Dudgeon, M.D. Introductory Lecture, p. xliii. Turner, 1854.

‡ *Address as President of the British Association for the Advancement of Science at Birmingham, 1886*, by Sir William Dawson.

was taken twenty years ago, in 1867; and as it was necessary to give the facts a name, they were designated by the word *organopathy*. This step was opposed and ridiculed at the time by men from whose celebrity better things might have been expected; but it is now so far recognised that more need not be said about it in this paper.

3. A fourth step was taken fourteen years ago, in 1878, namely, the *contrary action* of a series of larger doses and another series of smaller doses of each drug. It is to a historical review of this discovery that the rest of this essay is devoted.

To this fact of the contrary action of larger and smaller doses was given the name of *antipraxy*. And let it be observed that these facts, called organopathy and antipraxy, are facts independently of any treatment whatever of disease; they are inductions from a large number of individual facts learned by observations and experiments on persons previously in health. I have called them law-facts. Their reception as true is a preliminary requisite, before rules for the treatment of disease by medicines can be derived from them. Of the reception of organopathy I have already spoken; antipraxy is not yet so received, but it need not be doubted that it will be.

The editors of the *Homœopathic Review* may be congratulated on having received it so early as in 1876, eleven years ago; and now they may be congratulated again on having received it finally. This cannot but be a great joy to me, and this joy is greatly increased as I look around and see significant tokens that it will be received, within a moderate length of time, by the profession as a body.

The reception of antipraxy was acknowledged in the number of the *Review* for October, 1876. The leading article begins with these words: "That medicines have two separate actions *upon the healthy body*, in large and small doses respectively, the one the exact opposite or reverse of the other is . . . a fact."

In an article in this month of June, 1887, the final reception of this fact is thus given: "We contend . . . that homœopathy consists in giving for the cure of disease a *small dose* of a drug, which will in a *large dose*

produce symptoms similar to those of the disease to be cured. This is homœopathy."

I have asked the question of one of the Editors, "Are the two sentences just quoted intended to be identical in meaning?" And he has written to me the following answer:—"The two sentences to which you refer are practically identical. The physiological dose produces one set of effects—the therapeutic another. The effects of the physiological dose constitute a guide to obtaining those of the therapeutic dose in disease. That this is so is, I hold, the only interpretation of the fact—for it is no theory—that a small (therapeutic) dose of a medicine will cure a disease symptoms similar to which it will in a large (physiological) dose produce."

This, then, is the advance which the editors of the *Homœopathic Review* have made, and it has become history.

4. It will be profitable to compare these three sentences, because, though "practically identical" in meaning, they differ considerably in expression. The object of this comparison being to select the best, in the hope that in the future, writers will confine themselves to it when they wish to express the law-fact upon which their therapeutic rule is based.

The editors wish the expressions to be the definition of a *fact*, "for," they say, "it is no theory." In this they are sure that I shall cordially agree with them. It might have been thought that the second and third forms of the definition were rather rules for prescribing built upon the first; but as we are assured that they are practically identical with the first, it may reasonably be expected that, after further reflection, it will be agreed that the first form of words:—"Medicines have two separate actions upon the healthy body, in large and small doses respectively, the one the opposite of the other," is simpler and safer than the second or third. To have one form of a definition is better than to have two or three.

The introduction of the word "physiological," now often substituted for "pathogenetic," lets in theory, and with it, of course, vagueness and material for endless controversy.

Moreover, the distinction made between "physiological" and "therapeutic" is a mistake. The contrary actions of the smaller doses are as much entitled to be called "physiological" as are those of the larger doses, for both are their actions in health. In the December number for 1876 of the *Review* is a paper of mine on this contrary action of larger and smaller doses, called "Additional Facts in illustration of Antipraxy," in which, among other provings, an experiment with *small doses* of *castor oil* in health is reported, the effect being "the complete confinement of the bowels for five days," half-an-ounce of the oil, as everyone knows, causing diarrhœa. If the latter effect (the diarrhœa) is to be called "physiological," why not the former (the constipation)? It seems to me that the word is inappropriate in both cases, but not more so in the one than in the other. It is the "physiological" action of the small dose that is made use of when a fraction of a drop of *castor oil* is given as a remedy for diarrhœa.

It is evident that in the first expression of the fact a real and intelligible advance has been made by these homœopathists, and it may be hoped by many more, which must become the basis of their future practice, and be the permanent guide in their use of medicines. Hahnemann's aphorism—*similia similibus curantur*—is, to say the least, too vague to be quite intelligible; the contrary action of certain larger and certain smaller doses of each drug, as a statement of fact—without reference to medical treatment—is not vague, but plain and intelligible; and it will remain intelligible as long as no hypothetical explanation is sought for it. Other facts concerning the action of drugs may, and no doubt will, be discovered by more experiments in health; some of these may explain it, and then the explanation, being a fact, will be intelligible also.

Homœopathists are to be congratulated. They would not be following the example of Hahnemann if they did not make advances on his work. He got into the boat of experiment and used his oars, and those who follow him would deserve to be reproached if they get into his boat and let the oars lie idle. If, on the contrary, they row on, however hardly against the stream, let them rejoice; they may hope to be rewarded. In all labour there is some profit.

5. That this progress may be entirely satisfactory, and that homœopathists may have a gratifying consciousness of it, it will be necessary, from time to time, to look back, so as to notice what they have left behind. If they will do this now, they will see that Hahnemann was not acquainted with the contrary action of larger and smaller doses, and that his writings do not teach it.

It is not incumbent upon me to prove a negative ; but whoever will read Hahnemann's writings on medicine, and especially his chief works, the "Organon of Medicine," the "Materia Medica Pura," and the "Chronic Diseases,"—and every homœopathist ought to be familiar with these books—will find no sign whatever of the contrary action of larger and smaller doses of drugs, either as a law-fact, or as a principle to guide practice. On the contrary, all the symptoms observed in the provings or experiments with drugs in health, by whatever doses, large or small, they may have been produced, are arranged together, and all are indiscriminately to be made use of as *similars* to the symptoms of the disease for which a remedy is sought. It is very true that opposite symptoms, such as excitement and depression, spasm and paralysis, diarrhoea and constipation, increased and diminished secretion, &c., &c., are found together as symptoms of the same drug, but the *doses* which produced these opposite effects are not thought important, indeed are very rarely stated ; and all these symptoms, however contrary to each other any of them may be, are to be taken as *similars*, when we are seeking the medicine to be given. For example, *opium* is to be looked upon as equally a similar to excitement of the brain and to coma, or to diarrhoea and to constipation. *Nux Vomica* is equally "homœopathic" to spasms and to paralysis. *Digitalis* to suppression of urine, and to enuresis, and so on of all drugs.

A great many quotations from his books might be made, which distinctly assert that the *dose*, as well as the *drug*, was looked upon by Hahnemann as "homœopathic"—that is, as *acting similarly* to the disease ; but they would occupy too much time and space, and would become tedious. A small portion of a long paragraph may content us ; it is § 282 of the *Organon* :—

"The smallest possible *dose* of homœopathic medicine . . . will, because it has the power of exciting symptoms



*bearing the greatest possible resemblance to the original disease. . . . alter the vital force . . . to a state of very similar artificial disease . . . this will soon be extinguished by the vital force . . . and the body is left perfectly free from disease, that is to say quite well."*

Although Hahnemann frequently contradicted himself on almost every topic he wrote upon, it is, nevertheless, certain that he did believe that small doses act as remedies on the principle of *similia similibus curantur*. This belief was the reason why he called his method of treating diseases *homœopathy*. He could not have insisted, as he did, that all his cures were "homœopathic" cures, if he had even suspected that the action of small doses was contrary to the action of larger ones. This is to me so obvious that it seems absurd to insist upon it.

Hahnemann's writings are undeniably destitute of any notion of antipraxy, which is the name given to the contrary action of certain larger and certain smaller doses of drugs.

6. It will be necessary to enquire next: What have Hahnemann's followers done in this matter since his death? The question of doses has occupied an immense amount of time and thought, and has given rise to innumerable discussions among the disciples of Hahnemann. Dr. Dudgeon's 14th and 15th Lectures are devoted to the dose, and give an extraordinary history of the perplexities in which both Hahnemann himself and all his disciples have been overwhelmed on the subject of doses. He begins Lecture 14 thus:—

"In this and the next lecture it will be my endeavour to lay before you the principal opinions that have been expressed by Hahnemann and his disciples relative to the quantity of medicine requisite to be administered in diseases, and to *ascertain if there is any rule to guide us in the selection of the appropriate dose for each individual case.*"

Having devoted eighteen pages to Hahnemann's doses in all their diversities and contradictions, he gives in succession the opinions—and wonderfully opposite ones they are—of about forty of "the most notable of Hahnemann's followers," of various nationalities, who have written largely on Posology. The prevailing conviction

is expressed by Dr. Rau, who says: "He cannot pretend to lay down any general rule for the proper dose;" and by Dr. Trinks, in these words: "Notwithstanding the vast quantity that has been written on the subject, and the incessant controversies the dose has given rise to in the homœopathic camp, it cannot be said that a satisfactory solution of the problem has yet been arrived at." Marvellous quotations from some of the opinions given in these lectures might be cited, but we may be content with the conclusion with which Dr. Dudgeon himself closes the strange account: "*the rule for the administration of the appropriate dose remains yet to be discovered.*"\*

This was the condition of homœopathic Posology in 1854, when Dr. Dudgeon's lectures were published. From that year until 1872, a similar condition continued. Very frequent discussions; some speakers producing one rule and some another; the more part contending that to discover a law for the dose is an impossibility. In 1872, at a Congress held at York, the President, Dr. Black, occupied much of his address with the subject of doses. He declared that "*there is no necessary connection between the dose and the homœopathic law—the one exists quite independently of the other.*" Nothing could be a clearer proof than this statement that, up to that time, homœopaths had no suspicion of the *contrary* action of larger and smaller doses in health. He also adopted Dr. Drysdale's formula for a rule for the dose, namely, "*a specific is a remedy which cures with the absorption of its whole physiological into its therapeutic action.*" Concerning this it may be asked, is the action here spoken of thought to be similar, or contrary, to the morbid action? What is the difference between the "physiological" and the "therapeutic" action? Have we any evidence of the process of absorption? How is it carried on? If this formula is intended to be a statement of *fact*, we should like to know the evidence which proves it. If it is a hypothetical explanation of the actions of drugs in health and in disease, we must be forgiven if we pay no regard to it.

7. The contrast which this retrospect puts into such bold relief between Hahnemann's and his followers'

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\* Lecture xix., page 560.

teaching on the subject of doses, and that of the present editors of the *Homœopathic Review* is sufficiently startling. It testifies that a really new departure has been taken. This contrast will be perfected as I proceed to show that the acknowledgment of the fact that the action of larger or smaller doses is in contrary directions, is an acknowledgment not only contrary to Hahnemann, but it is also *contrary to homœopathy*.

The contention of the Editors is that we are to give “for the cure of disease a *small dose* of a drug which will in a *large dose* produce symptoms similar to those of the disease to be cured.” But this rule arises out of the law-fact that small doses act contrary to large ones both in health and in disease. Hence it follows irresistibly that *if the action of the larger doses is homœopathic or similar to the disease, then the action of the smaller doses of the same drug is antipathic or contrary to the disease*. The aphorism *contraria contrariis curantur* is substituted for *similia similibus curantur*. Can anything be plainer than this? And has not this been the teaching of the “Essays” ever since the Congress held at Leamington in 1873?

8. When those who have opposed homœopathy read this paper they will probably think that it is a renunciation of the treatment of disease known by that name. If they will do me the honour to read Essay XLVIII., “What is Antipraxy?” published last year,\* they will, I think, be led to the conviction that instead of the method being abandoned or condemned, it is placed upon a truer and firmer foundation than it was by Hahnemann, and that it may now be adopted by everyone without being called by the name he gave it.

9. I should have been glad to conclude here, but it will be expected that some notice will be taken of the remarkable addition to the statement of fact which the editors have made. The first paragraph, when completed, reads as follows:—“That medicines have two separate actions upon the healthy body, in large and small doses respectively, the one the exact opposite or reverse

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\* *Therapeutics founded upon Organopathy and Antipraxy*. London: Geo. Bell & Sons. 1886.

of the other, is a doctrine which, until quite lately, we believed was accepted as a fact by all homœopaths." How is this *addendum* to be explained?

In the next number of the *Review* (Nov., 1876) is a letter from Dr. Richard Hughes, then a lecturer at the Homœopathic Hospital in London, from which it seems necessary to quote an extract:—

"Gentlemen . . . your article opens with a statement which fills me with astonishment. You say: 'That medicines have two separate actions upon the healthy body, in large and small doses respectively, the one the exact opposite or reverse of the other, is a doctrine which, until quite lately, we believed was accepted as a fact by all homœopaths.' Now, I will ask you to read those of Dr. Dudgeon's *Lectures* which treat of the explanation of homœopathic action; I will ask you to look through the volumes of the *British Journal of Homœopathy*, and of your own *Review* up to 1873, for any papers bearing on the subject; I will ask you to read the expositions of homœopathy given from Henderson downwards, by the apologists of homœopathy in this country. Nowhere, I venture to say, will you find a trace of the recognition of this supposed fact, or of its application to explain the working of similar remedies. From what you say at the top of page 595 you seem to think that the view originated with Fletcher, and has been handed down by his disciples and exponents, Drs. Drysdale and Dudgeon. But I must altogether deny the paternity and genealogy. Fletcher's explanation of homœopathy is quite another thing. He does not maintain that medicines have one action in large doses and another and opposite one in small doses in health. His argument is that in health they all cause primary stimulation and secondary depression; that in disease we have a condition answering to their secondary effect; and that they cure by opposing thereto their primary action, which, under these circumstances, is not followed by re-active exhaustion. Whether true or not, this explanation has nothing to do with the reverse action of large and small doses in health. It takes, indeed, no account of dose, and Fletcher certainly never thought that small doses of drugs would cause primary depression.

"It seems to me that the real originator of this idea has been rather unworthily dealt with in your pages. I

have been no careless student of homœopathic literature, but I at least never met with the affirmation of the reverse action of large and small doses in health until I heard it from Dr. Sharp in his Presidential Address at the Leamington Congress in 1873. I knew, indeed, that Claude Bernard had asserted that 'every substance, which in large doses abolishes the property of an organic element, stimulates it if given in small ones'—(*Introduction à la Médecine Experimentale*, quoted by Dr. Mayhoffer); but no attempt had been made to prove the doctrine true of medicines in general, and to apply it to the explanation of homœopathic action. To Dr. Sharp, I maintain, belongs whatever credit is due to the originator of this view. It is from the time of his address that your own journal has become its advocate, and it is passing strange to me that you should be unaware of the fact that on the first opportunity we had of discussing Dr. Sharp's thesis, viz., at the Manchester Congress last year (1875), *Drs. Drysdale and Dudgeon, as well as myself, expressed our entire inability to accept it.*"

10. Dr. Lauder Brunton, in the preface to the third edition of his book on Pharmacology, makes some remarks on homœopathy, in which he says: "The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug, does not constitute it a homœopathic medicine." The Editors (in their article in the number for June, 1887, of the *Review*) say of this sentence: "In very truth it is this 'mere fact' which does constitute a drug a homœopathic medicine! We have, indeed, seldom seen the correct definition of a homœopathic medicine more concisely stated. In every exposition of homœopathy hitherto published, the fact that a drug, which in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the same drug, has been held to constitute it a homœopathic medicine . . . . We contend, *as has ever been contended since the time of Hahnemann*, that homœopathy consists in giving for the cure of disease a small dose of a drug which will in a large dose produce symptoms similar to those of the disease to be cured. This is homœopathy, and homœopathy is neither more nor less."

How the Editors have been led to accept *antipraxy* as true, and to call it *homœopathy*, I am sorry to say I am not able to explain, and must therefore leave the explanation to them. The two are in direct opposition to each other, as, I think, has been clearly shown in this paper. I trust that, by-and-bye, this will be as plain to them as it is to me.

It will be seen that it is an injustice to Hahnemann to suppose that he was acquainted with the contrary action of larger and smaller doses of the same drug in health, for that fact expels *similia similibus* as the "law of cure." The treatment by small doses of diseases opposite to those which these small doses produce, or have a tendency to produce, in health, is a new application of the old aphorism—*contraria contrariis curantur*.

11. The facts of terrestrial magnetism are in no way dependent upon the steering of ships by the compass. The facts of mechanics, of chemistry, of electricity—of every branch of natural science—are first to be learned, before the uses which have been made of these facts in the arts of life are examined. In like manner the contrary action of certain larger and certain smaller doses of drugs has to be studied first as a scientific truth, and quite independently of any practical application of it to medical treatment.

12. I cannot conclude without expressing my surprise and regret that the medical journals which are published weekly, and with so much ability and energy, are not aware how they lag behind the real movement of the profession, and my hope that they will soon open their eyes to this movement, and instead of doing their utmost to obstruct it, as they have hitherto done, begin to do their best to promote it. Such a change of front would be welcome to a very much larger number of medical practitioners than the writers in these journals are at present aware of. The tide has ebbed very low, but it has begun to rise.

Horton House, Rugby, June 30th, 1887.

[It is with much pleasure that we find our *Review* once more made the medium of publishing a paper by our venerable colleague, Dr. Sharp, whose *Tracts on Homœo-*

*pathy*, written five and thirty years ago, did such excellent service in enlightening the public and in informing the profession regarding the principle of homœopathy, the method of carrying it out in practice, and the advantages derived from adopting it both by physicians and the public.

His present contribution, criticising some articles that appeared in our *Review* about ten years ago, and one published in June, necessarily calls for a few remarks from ourselves.

In the first place we must, however reluctantly, refer to the comments Dr. Sharp makes on Hahnemann. That he should write disparagingly of the physician who initiated and carried out to completion—so far as it is possible to be complete in so truly an experimental science as that of therapeutics—a greater and more far-reaching reform in medicine than any physician of this century we can perfectly understand. For in many of his essays Dr. Sharp has made it abundantly clear that with the utmost desire on his part to comprehend both the character and writings of Hahnemann he has to a very great extent failed to do so.

In a further series of essays published last year, which we have only recently had an opportunity of reading, he writes, "it is quite clear that Hahnemann's principle as explained by himself, is a rule of practice *deduced* from a theory." Dr. Sharp supports his conclusion by quoting §§ xxv., xxvi. and xxvii. from *The Organon of the Healing Art*. The first of these paragraphs states the fact that "in all careful researches pure experience, the only, the infallible oracle of medicine teaches us that actually that medicine, which in its action on the healthy human body has demonstrated its power of producing the greatest number of symptoms similar to those observable in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically, and permanently remove the collective symptoms of this morbid state." This fact was arrived at by Hahnemann after a series of researches and experiments on himself as to the action of medicines in health and in disease extending over six years before he announced it in *Hufeland's Journal*. This fact is expressed in the principle of drug selection, *similia similibus curentur*. This is the fact enshrined in the word homœopathy. The two following



paragraphs are but explanations, or attempted explanations, of the fact which had already been derived from "experience." "A law or general fact," writes Dr. Sharp, "requires to be proved by induction from a number of particular facts." In his essay entitled *Suggestions for Ascertaining the Curative Power of Drugs*, Hahnemann gave a selection from the collection of facts he had made pointing to the principle of *similars* as the basis for selecting drugs most successfully in prescribing. This he did in 1796. Regarding the principle of similars as a fully established fact, Hahnemann says (§ xxviii): "I do not attach much importance to the attempts made to explain it." The explanation offered in the next paragraph is simply that given in § xxvi., but in a more elaborate and verbose form.

This error of Dr. Sharp's has pervaded many of his later essays, and shows, we think, that he has not succeeded in reading Hahnemann aright.

Dr. Sharp objects to the principle, *similia similibus curentur*, as being "too vague." That it is not so when "the totality of the symptoms" produced by the drug and of those presented by the disease are carefully considered, the success of homœopathic practitioners proves, Dr. Sharp's own success when he was in practice also proves it to be sufficiently definite to enable the correct selection of a medicine.

That, contingently on the dose and period of action, drugs have been shown in very many instances to give rise to opposite effects, and that they probably do so in all, we have never doubted. Hahnemann in the essay on *Suggestions for Ascertaining the Curative Power of Drugs*, says (*Lesser Writings*, p. 312):—"Most medicines have more than one action; the first a *direct* action, which gradually changes into the second (which I call the indirect secondary action). The latter is, generally, a state exactly the opposite of the former. In this way most vegetable substances act." Similarly in *The Organon* he points out the opposite character of the primary and secondary symptoms which arise from taking most drugs. The latter represent the stage of reaction from the effects of the primary or large dose taken. In our article in *The Review* for December, 1876, we gave a number of illustrations collected from different works on *Materia Medica*,

showing that, independently of a condition of reaction, a small dose of a drug does excite symptoms precisely the reverse of those which follow from a large one. This is what Dr. Sharp has termed *Antipraxy*. His own experiments, as given in his paper in 1873 and in others subsequently, show that it is, in certain instances at any rate, a fact. It is indeed an interesting and suggestive fact, but for clinical purposes it teaches nothing. How, in the treatment of diseases, are we to apply the knowledge the observations which have been collected to prove the fact? It gives us literally no help in selecting our medicines. When we come to the bedside we must choose a medicine which produces symptoms similar to the disease or we shall obtain very little advantage from prescribing medicine at all. When, however, we come to discuss the question—"How does it come to pass that a medicine which produces symptoms similar to a disease cures it?"—then the fact of antipraxy may be suggestive of an answer. The late Dr. Madden, in an article published in the *British Journal of Homœopathy*, in 1867, writes thus:—"Dr. Dudgeon, in his Lectures, gives as his own and Dr. Clotar Müller's opinion, that the principle of *similia similibus* is 'merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to disease'—'its action, in fact, may be the opposite of the actual condition of the diseased part.'" And then, in the next sentence, he adds, "As regards this latter view, I have held it for many years, and I am more and more convinced that our law of similars does not express or explain the *law of cure*, but the *law of selection*."

Assuming this to be accurate, antipraxy and homœopathy are not "in direct opposition to each other," but the former affords us a basis of fact for a theoretical explanation of the latter. A medicine that is, which is selected on the ground of the similarity of the symptoms it evokes (when given in large doses to a healthy person) to those of the disease to be cured, probably acts upon the part antipathically; the probability of its doing so being rendered stronger by our knowledge that if given in health in doses similar to those prescribed in disease it would produce symptoms opposite to those it excites in large doses. The selection, in short, is homœopathic, the *modus operandi* antipathic.

Antipraxy therefore comes to be an explanation of homœopathy; and we have very little doubt that it will be as interpreting homœopathy rather than as superseding it that the work Dr. Sharp has endeavoured to do in the eventide of his long and useful professional career will be valued in the future.—Eds. *M.H.R.*]

## THE ACTION OF *BOVISTA* UPON THE EAR.

BY ROBERT T. COOPER, M.D.

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WE have so few remedies, the action of which can be depended upon for *curative purposes* in disordered conditions of the cerebral circulation, that when one meets with a preparation possessing, it would seem, undoubted efficacy in these cases, it is certainly a duty to draw attention to it.

My acquaintance with *bovista* is entirely due to Dr. Edward Blake. At the British Homœopathic meeting last autumn during the discussion upon a paper of mine, he asked if I had ever used *bovista* in eczematous conditions of the meatus, as his late lamented father had been in the habit of using it frequently, and attributing to it specific properties. I promised to give it a trial.

One of the first cases for which I prescribed it was a Miss M., about 56 years old, very plethoric looking, who had her ears bunged up with eczema, with which both passages and auricles were much affected.

I prescribed *bovista* 3rd dec. on 22nd January, and the effect was certainly most remarkable. The discharge from the ears at once dried up, but there came on an internal shivering over the whole body, and considerable irritability of the brain, with a patchy red eruption on both sides of the face, and much physical depression (slightest exertion knocks her up). The hearing improved. Then (*i.e.*, after a week), *bovista* 30 was given in pilules, and after three weeks the report is that the *brain feels weak, the eyes are unsteady, and the hearing is painfully acute.*

My inference from this is that *bovista* has a decided influence upon meatal eczema, probably in consequence of the powerful effect it exerts on the cerebral circulation. The same patient has since derived benefit from the 30th

when complaining of disturbance and heat of the head, especially in forehead, easily excited and worried, numbness of right arm, with a dry raspy tongue. All these symptoms she credited it with removing, but complained that it caused pain in the region of the liver and kidneys.

In another case of eczematous meatus, and which I am unable to lay my hand upon, I noticed a similar effect in disturbing the cerebral circulation.

This led me to make more extended trial of it, and as I can find no literature to lead me to expect any such influence from it, trust my observations, which of course are but few, may be practically useful.

One of the first cases in which I put my inferences to the test was that of Henry S., a man of 42 years of age, who had been treated by me for tinnitus since 1881. Incessant noises, buzzing as of a kettle singing in the ears, the noises change about from left to right ear, and are worse when bowels are confined. Is subject to chilly sensations in different parts of the body, often the genitals, and has at times passed blood in the urine; watch hearing very deficient, right not contact, left just off, but voice hearing very good, and almost takes offence if asked about his hearing.

This case has given me a great deal of trouble, varying from time to time, but not being really improved.

I put him on 7th May upon *borista* 30, his symptoms then being a tendency to *fulness in the ears and sleepiness*, with heaviness, and a fidgety feeling and coldness down the back. *Borista* 30 at once cleared off these symptoms, and from the time of beginning with it (7th May) till 1st and 2nd June, when he caught a severe cold, the noises had continuously improved, and more so than with any medicine he had ever taken.

Compare this case with the next:—

George S., age 26, light haired, a shorthand writer, deaf eleven months, treated at Throat and Ear Hospital, Gray's Inn Road, for nine months.

Deafness, which came on in a week, preceded by violent neuralgia; woke up one morning with sickness and giddiness, and soon afterwards found himself getting deaf, and he has had sudden attacks of vertigo and sickness the last two months. Had keratitis, double, 9 years ago, onanized from 16 to 18. Such was his history on coming to the London Homœopathic Hospital 15th January,

1887. The tympanal membranes were normal, and except for some tumefaction of the passages there looked to be nothing amiss. His symptoms, too, were very few. People have to shout to him, although when tested with the watch he hears at about 40 inches on both sides; throbbings are felt in the ears and in the throat, but most in the throat. Tuning-fork is not heard on forehead, and only slightly behind the ears. I gave him *ferrum picricum* 3rd dec., and on 29th January he reported himself hearing much better; has felt weakness in the chest and choky feelings; tuning-fork heard much better. Continue same night and morning. I now ordered him to resume his work; he had been idle for the entire nine months, and it inspirited him considerably to find that he could do ordinary clerk's work.

February 12th, 1887. Hearing much better, but varying; has had sudden unconsciousness for the space of one minute, but came right again, and had no sickness with it as formerly. Hearing, R. 60 in.; L., 45 in. Ordered *gels. semp.* 3rd dec. Two pilules three times a day.

February 26th. Getting on fairly, but no particular change. Tuning-fork imperfectly heard, and only on temples and auricles. *Camph. bromid.* 6x.

March 12th. Hears better, but voice very weak. Feels as if going to fall if moves head quickly, and very nervous. *Camph. bromide* 12x.

March 26th. Very much better, but had vertigo (unconsciousness) on Tuesday morning and on Wednesday. Feels nervous and afraid of falling; was not sick and did not lose strength as usual, voice was very weak after it. Prescribed *bovista* 30. A pilule three times a day, dry.

April 30th. Is very much better, no vertigo. Tinnitus in both but not interfering with hearing; for the entire month has been hearing nicely and steadily. After taking the medicine a week began to experience a decided difference. Tuning-fork heard well, though note dulled by the tinnitus in places; still gets tired in the evening.

Here we had a case of true *aural vertigo*, most obscure in its nature, but arising apparently from tangible alteration in the nerve structures. The effect of *bovista* was decidedly beneficial.

The symptoms suggest hereditary or acquired syphilis, but except keratitic history there was no symptom

pointing to either. This man is now able to go on with his work as a shorthand writer, and can catch the finer intonations with little or no difficulty.

The remarkable power of hearing a watch tick while unable to recognise the human voice is noteworthy, and contrasts with the last case where the power of hearing a watch was almost abolished though conversational hearing was unaffected.

I put forward both these cases as examples of great improvement following upon the exhibition of *bovista*; I have no hope that a permanent cure will result—great as has been the improvement—in the last of these cases; for I find that the symptom—inability to hear the human voice, co-existing with good watch-hearing—is, when so very marked, a most unfavourable one.

Let us now take up another case:—

John T—., age 56, gas-meter maker, rheumatically inclined 16 or 17 years, caught cold 18 months ago in his head, and this occasioned the tinnitus with which he has since suffered. The passages of the ears are almost closed rendering a view of the tympanal membranes impossible; there is no history of syphilis. He attended 1st January, 1887, and was seen and prescribed for by the house-surgeon, Dr. O'Sullivan, who entered his symptoms thus:—

Constant noise as of a rolling mill in the left ear, came on after a cold 18 months ago, since then has had a practically constant headache (frontal) with occasional sharp darting pains over either eye; when he coughs he feels as if the whole top of the forehead were about to fall out. Hearing not influenced by noise. Prescription: *Magnesia carb.*, 200 . *pil.* ij., t.d.

January 8th. (Seen by myself.) Headache better, roaring same. Hearing, R. 40; L. 20. Prescription: *Bryonia alb.*  $\phi$  gtt. xv.,  $\text{ʒvj.}$ ; *misce cap.*  $\text{ʒj.}$  t.d.

January 15th. Wonderfully better; bursting in forehead better, and hearing and tinnitus much better; feels better and lighter. States that acids of all kinds, i.e., pears or any fruit, give rheumatism. Caught a fresh cold yesterday. To continue.

January 22nd. Was very much better, but got bad again; roaring in the left ear returned on Monday, and has had much headache over the left eye. Prescription: *Kali hydriod.* 30, *pil.* j. t.d.

January 29th. Was very much better till Wednesday, and on Thursday roaring in the head became worse than ever, and aching pains came in the knees, so that he could hardly crawl. The roaring in head has somewhat subsided. Hearing, 30 in. on both sides. Prescription: *Kali hydriod.* 200 gtt. j., 3vj. m cap. 3j. t.d.

February 12th. Was very much better up till Tuesday morning, when awoke as bad as ever; pain in forehead on stooping or coughing, roaring in ears, feels very weak at 5 o'clock every afternoon; heaviness in legs and knees. Prescription: *Bryonia*  $\phi$  as before (8th January).

February 19th. Was much better at first, but ear got painful again, though better at night; hearing good. General state much improved. Prescription: *Crocus sativus* 6. Pil. j. t.d.

February 26th. Much cold and cough. Roaring was much better yesterday. Continue same in 12th.

March 5th. Tinnitus still; singing began, followed by the roaring yesterday, and had horrible confusion from the combined noises. Varying altogether. Prescription: *Strych.* 6x pil. j. t.d.

March 12th. Was much better up till Thursday and then got bad again. Prescription: *Kali hydriod.* 30, pil. j. t.d.

March 19th. Roaring very bad in morning, lessening during day, and almost ceasing at night. Continue.

April 16th. Has had three very bad attacks of vertigo, in the last could not see anything. Prescription: *Gels. semp.*, 3x.

April 30. Roaring very bad, is evidently going back in every way. Prescription: *Bovista* 30, pil. ij, t.d.

May 14th. Is much better, but in a varying state; roaring very bad. (The *bovista* 30 evidently did much good for the first two days, but not after this.) Prescription: *Bovista* 12.

June 1st. Roaring day and night; headache across forehead and over nose; roaring especially in left ear with irritation of meatus; knees are better.

Feeling certain that *bovista* was acting beneficially, I returned to the 30th dilution, and when seen on

January 17th, he expressed himself wonderfully improved, his thoughts, which had been most disagreeable and melancholic, almost bordering on suicidal, are now happy; the roaring in left ear and pain in the



forehead are much better—almost gone, and hearing is much better. R. 30 in.; L. 50.

Were I to give a pathological name to this case it would be: Periosteal thickening (rheumatic) of the meatus of both sides, extending to both middle ears, but especially to that of the left, and involving also the adjoining dura-mater, and thus causing disturbance of the cerebral circulation. Great improvement under *borista*.

### CLINICAL REPORTS.

#### REMOVAL OF A SET OF FALSE TEETH LODGED IN THE ŒSOPHAGUS OF A MAN.

By B. G. A. HALL, M.D., Professor of Surgery, Hahnemann College, Chicago.

THREE weeks ago this patient had the misfortune to swallow a complete set of lower teeth. The possibility of such an accident seems incredible at first, but when he related to me the circumstances of this mishap I could readily understand how it might occur. The day of the accident he had visited a neighbouring town, and on his return home found the family had finished the noon meal, and he seated himself to eat alone and began to eat hurriedly, and could not refrain from talking at the same time, being anxious to relate the village gossip which he had gathered during his absence. For twelve years he had worn a complete upper and lower set of false teeth. The lower set had become loosened, and when eating hard morsels, were easily displaced. He cut off a piece of hard, cooked meat and placed it in his mouth. The teeth became displaced. He continued chewing for a few moments and then swallowed, with a view to disposing of the meat. He became conscious of something hard and unyielding going down to the pharynx and œsophagus but supposed it to be the imperfectly masticated meat. As the meat and the teeth became wedged in the œsophagus, he made some ineffectual efforts to throw up the offending substance and, failing to do so, ran out into the street and jumped up and down, with a view to forcing the morsel into the stomach. The distress had become intense, and he returned to the house, when his wife timidly suggested

that possibly he had swallowed his teeth. He then discovered that his under set had disappeared. The sense of distress seemed to be at the base of the ensiform cartilage. He could not swallow any foods but the blandest liquids, and these in small quantities. For three weeks, therefore, he has had little or no food and is consequently emaciated. An œsophageal bougie was first introduced to ascertain the position of the teeth. This was found to be sixteen inches from the upper alveoli. It was difficult to determine the position of them, as they were found firmly embraced by the œsophagus, and became imbedded in its substance. The first difficulty was to find a pair of forceps of sufficient length and suitable curve, which could be passed down to the object of search. When this difficulty had been overcome, a second one presented in the impossibility of opening the forceps while in the œsophageal tract. Anticipating some such trouble, a pair of forceps of French device had been procured from Mr. E. H. Sargeant. These instruments were invented by M. Mathieu, but had never been employed for want of a case, and from the doubt which existed, in the minds of those to whom they were exhibited, as to their utility. A favourable opportunity was now offered to test their merits. With these forceps the teeth were easily reached, but could not at first grasp them, owing to their impaction. Passing them down while closed until they came in contact with the plate, they were then carefully pressed beyond it and expanded. Withdrawing the forceps while in this position, the second effort dislodged the plate, and rotated it in such a manner that the posterior angle of the left ramus could be grasped by the forceps. The teeth were then withdrawn about three inches, when the forceps slipped. An attempt to gain a new hold pushed the teeth back to the original position, when they were again seized and drawn to the point where the grip was formerly lost. At this point there seemed to be an unusual contraction, for the forceps again slipped. This procedure was repeated many times. At last the teeth were grasped by the forceps, and when the constriction was reached, the forceps were placed in the hands of Prof. Shears and a pair of crow-beaked forceps were placed astride of the first pair to increase their grasp. In this manner the teeth were jointly with-

drawn through the pharynx into the mouth. During the operation the patient was seated erect in his chair, and had no anæsthetic except a hypodermic injection of *morphine* and *atropine*, under which he endured the trials incident to the operation for more than two hours. It is now three days since the removal of the teeth and the patient is suffering no inconvenience except a slight soreness in the pharynx. He has partaken liberally of soft food since the operation without difficulty. He returns to-day to his home. The plate, as you may see, is two and one-half inches across the base and is a complete set of under teeth.—*The Clinique*, February 15th, 1887.

#### SPINA BIFIDA—RECOVERY.

By H. P. SKILES, M.D., Chicago.

I have the pleasure, through the kindness of her mother, of presenting this little child to you this evening. It was a case of spina bifida between the sixth and seventh dorsal vertebræ, from which she has completely recovered. She was born in September, 1884, with a tumour in the locality named about the size of a large hen's egg. At the end of the third week Prof. Geo. A. Hall was called in counsel, and the sac was emptied by means of an aspirator. The fluid drawn off was quite clear. A compress was applied with the hope that we would get adhesion. At the end of twenty-four hours after aspiration, the sac, in spite of the compress, was as full as before. The third day after the operation I aspirated a second time and followed with a *severe* compress, with just the same result.

Finding our efforts in vain, I prepared a protective bandage of surgical felt, and having fitted it to the spine, I left her, ordering the nurse not to disturb the dressing nor handle the tumour. In the sixth week of the child's life I commenced the administration of *calcareæ phosphorica* 3x trit., made by myself from the crude drug. Three powders were given daily. From this time on, the improvement was manifest to every member of the family.

In two or three days the size of the tumour was reduced one-third. Absorption gradually progressed until, as you see now, nothing but this fleshy stump remained. This has been the condition of it for over

two years. When seven weeks old the little one had a severe attack of whooping cough, which made the prospect of recovery still more dubious.

She is now quite well and strong, and the osseous formation of the spine is so complete that there is not a sign of curvature, and she is as bright as any of her playmates.

I recognised in this case an arrested growth of bony tissue, and I gave the *calcareo phos.* to increase, if possible, the growth of the undeveloped vertebræ, and thereby shut off the supply of spinal fluid from the tumour. There was just a chance that this might result, and I gave the child that chance. The prescription was made on general principles, and I gave the remedy low, sometimes the 2x, sometimes 3x, a good sized powder, three or four times a day. The family history is perfect, and another child by these parents is well formed in every respect.—*The Clinique*.

The three following cases are reported by Professor H. B. Fellows, M.D., in *The Clinique* (Chicago), April —

#### LOCOMOTOR ATAXIA.

Mr. O'L—, aged forty-five; occupation, clerk in post-office, compelling him to stand ten hours a day; came to the clinic October 4, 1886. Five years ago he noticed "cramps" in his legs at night, which continued a year; this was followed by lancinating pains. During this time, in attempting to catch a street car, he found he could not run; had always been well and strong previous to this, and had been considered a good runner. He also complains of pain in bladder; difficult micturition, constipation and coldness of limbs, which are covered with cold perspiration.

On examination it was found that he could not stand steadily with his eyes closed, had vertigo when bending over, could not walk in the dark, but could walk long distances when he could see, without much fatigue; had numb feeling in feet with sensation as if walking over an uneven surface; sensation of weakness in limbs and lower part of back; no patella reflex; no trouble with larynx, eyes, nor stomach; is still at work, but does not stand. He was given *secale cor.* 8x, four times daily.

October 11. Reports about the same. *Secale 3x* was continued.

November 1. Reports great improvement, is stronger and can walk better : now carries a hod of coal upstairs, which he has not been able to do for some time. *Secale 3x*.

November 15. Is still improving ; he now reports that he had taken *ergot* two years under old school treatment, with no benefit to himself. *Secale 3x*.

March 28, 1887. Has had no medicine for two months, but reports improvement ; is not yet able to walk with eyes closed ; still has pains in limbs, but not so frequent nor so severe ; is less nervous. There is much less of the ataxy, and the most careful testing revealed no knee reflex. *Secale 3x*.

During April the report continues to be of improvement. The patient is much better, able to do his work, and is regaining more confidence in his legs.

#### MENIERE'S DISEASE.

Dr. P— came to the clinic February 12, 1887 ; has been deaf in left ear since he was a small child, does not remember whether it followed measles or scarlet fever ; had a discharge from the ear for some time, for which a syringe was used occasionally, after which discharge disappeared. A few days before Christmas last he was taken suddenly with a pain in the left ear, with a feeling of uneasiness, and was obliged to give up work ; after five days was able to return to business. At that time, however, he began being troubled with vertigo, which has increased steadily, so that now he is not able to walk without staggering ; by keeping his eyes fixed on some object straight ahead he can walk fairly well. By placing a finger in the ear and moving it, there is a sensation as if moving the whole body, accompanied by vertigo. He was given *silicea 3x*.

Some time after the above report the case reported continued improvement, no other remedy being used.

#### MENIERE'S DISEASE.

Mr. M—, aged sixty, came to the clinic April 11, 1887. While at work seven weeks ago he was struck on the top of the head by a falling stone, causing unconsciousness for two days, followed by vertigo and noises in the ear ; he was confined to his bed about a week, after which he

noticed that he was partially deaf in the left ear ; he also complains of noises in ear, sometimes sharp and shrill, oftener deep and heavy. He has vertigo, falls forward and to the left, cannot walk in a straight line ; he is worse at night, but has no vertigo when lying down. His deafness is increasing. Has good knee reflex. He was given *silicea* 6x, four times daily.

April 18. Reports great improvement ; noises in ear diminished and can walk better. *Silicea* 6x continued.

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## REVIEWS.

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*Tinnitus Aurium, and its Treatment by Electricity.* By JULIUS ALTHAUS, M.D., M.R.C.P. London: Longmans & Co., Paternoster Row. 1887.

In this little book Dr. Althaus deals with a very distressing, and oftentimes intractable, symptom in an interesting and instructive manner.

Tinnitus he traces in all cases to irritation of the auditory nerve, owing either "to local disease of the ear, or to certain more general conditions which have the tendency to cause modifications in the pressure of the endolymph which surrounds the expansion of the nerve in the labyrinth." Such conditions are numerous, and may be connected both with increased and diminished arterial tension. In the large majority of cases, however, the irritation of the nerve, which gives rise to tinnitus is found in some definite aural affection causing undue pressure in the labyrinth. Of such affections those which most frequently occasion tinnitus are adhesive inflammation of the middle ear and disease of the nerve in the labyrinth itself. Cases of the former type are often relieved by Politzer's bag ; those where tinnitus is traceable to disease of the nerve itself are never improved by this means, and are, Dr. Althaus thinks, rarely benefited save by the careful use of electricity.

The importance of diagnosing aright these two conditions is therefore obvious. Application of the tuning-fork to the skull or teeth gives an increase of sound on the *deaf* side when disease is in the middle ear ; but when the auditory nerve is at fault the sound of the fork is more or less imperceptible by the diseased ear.

In considering the various affections of the auditory nerve in the labyrinth by which tinnitus is caused, Dr. Althaus refers, first of all, to hemorrhage within the labyrinth, giving rise to the symptom of what is called *Menière's disease*. For

tinnitus, owing to Menière's disease, he says that "*quinine* is now generally given on Charcot's recommendation." On this he remarks, "I have, however, seen cases in which this treatment aggravated the complaint, and if *quinine* is to be given at all it should be in small doses, carefully and gradually increased, the alkaloid being dissolved in hydrobromic acid" (p. 19). A few pages further on he tells us that in other cases "An exhibition of certain drugs, more especially *quinine* (the italics are his) *salicine*, *salicylates*, *morphia*, *chloroform*, and *alcohol* give rise to this affection. Amongst these drugs *quinine* is, no doubt, the worst offender" (p. 28). Presently he refers (p. 29) to the experiments of Kirchner, who has "shown that this drug may cause vaso-motor paralysis, with congestion and effusion of blood in the middle as well as internal ear." That *quinine* is homœopathic to some cases of tinnitus due to Menière's disease these facts prove. That it has been found curative of it is shown by Charcot having recommended it. But, if practitioners use a medicine which is homœopathic to the condition they prescribe it to cure, they must do so in Hahnemann's manner, viz., in a dose smaller than that which is physiological. If Dr. Althaus will give his *quinine* in the  $\frac{1}{100}$ th,  $\frac{1}{1000}$ th, and  $\frac{1}{10000}$ th of a grain he will find that it will cure without aggravation. The same may be said of *salicylic acid*, which, in very minute doses, has cured several well-marked cases of Menière's disease. (*Homœopathic Review*, vol. xxii., p. 525.)

Other causes are spasm of the arterioles of the labyrinth, inflammation coming on in the course of severe systemic affection, more especially pyæmia, typhoid, &c., syphilis, a nervous breakdown from over-work, anxiety, &c. In some cases it seems owing to reflex action from the cranial or spinal nerves, more especially the fifth. It may be one of the first symptoms of disease of the brain or its membranes. Here it is of central origin, the irritative process has "travelled from the peripheral expansion of the nerve in the labyrinth to its nuclei in the medulla oblongata on the floor of the fourth ventricle, and thence through the auditory paths in the pons varolii and the crus cerebri to the first temporo-sphenoidal convolution, which we look upon as the auditory centre." Tinnitus is also occasionally met with during convalescence from meningitis, in cases of cerebro-spinal meningitis, and as a premonitory symptom of apoplexy or cerebral hæmorrhage, and is also noticed in other forms of cerebral disease.

When a symptom is traceable to so considerable a variety of causes, as Dr. Althaus shows tinnitus can be, the treatment of it must necessarily be varied. It is one of a number of symptoms, and whether in making a diagnosis of its primary



nature, or in selecting a remedial agent to cope with it, we must be guided by the *totality* of the symptoms. Still, our author assures us that where tinnitus "appears to be owing to direct nervous disturbance \* \* \* the constant current of electricity finds its appropriate sphere of action." At the same time he warns us that there is "perhaps no other complaint, the successful treatment of which by means of electricity requires so much special knowledge of the physiological effects of that agent, such delicate adjustment of apparatus, and such technical skill in manipulating the same, as tinnitus of nervous origin; while on the other hand a haphazard application of electricity, even by those who are tolerably well acquainted with the more common uses of the battery, is likely to do more harm than good."

Dr Althaus then describes the treatment of a case, and, in doing so, illustrates the kind of caution in proceeding on which he insists. Each case must be treated in a strictly individual manner, and the susceptibility of the individual patient to the current be thoroughly ascertained. It is, he concludes by saying, "of paramount importance not to proceed by routine, but to ascertain as accurately as possible the physiological response of the suffering nerve to the voltaic current in each individual case of tinnitus, previously to the beginning of a galvanic treatment." This is thoroughly sound therapeutic philosophy. Carried from the use of electricity to the prescription of homœopathically indicated medicines, philosophy of this kind would most certainly lead to such medicines being given in very small doses.

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*Vittel.* By PAUL RODET, M.D., Paris. London: Churchill, 1887.

THIS little book is written by Dr. Rodet, physician at Vittel, in the Vosges district of France, to bring into notice waters and a watering place which are almost unknown in England. They were known to the Romans, and have been appreciated by subsequent generations in France, and it is well that Englishmen should be acquainted with the properties of the waters. Vittel is quite near the well-known springs of Contrexéville, famous for their remarkable power in kidney and bladder disorders, and gouty affections. The waters of Vittel resemble these very much in their sphere of action. In fact this sphere is almost identical in the waters of the two places. But the chief point of difference is that, while those of Contrexéville are heavy for certain stomachs, causing sense of fulness and indigestion when taken in the ordinary way, those of Vittel are very easily assimilated, and agree when

the Contrexéville waters do not. This is an all important point, when the action of the two waters is so much alike. Dr. Rodet's book is admirably written, and gives a complete guide to Vittel, its history, antiquities, the country and excursions around, and, in fact, everything which is of any interest to the intending or actual visitor, while it deals fully with the composition of the various springs, their special action in each case, and their contra-indications. The waters of Vittel and Contrexéville are elaborately compared.

Vittel is evidently a place well worth remembering, in sending a patient away with gouty states, and especially with bladder irritation, and abnormal deposits in the urine. The waters can also be had bottled in England, from Messrs. Gallais & Co., of Piccadilly and Margaret Street. The Contrexéville waters are found to be so beneficial when drunk in this country that it is a distinct gain to be able to obtain those of Vittel also, and we have little doubt that they will come to be as much employed as those of its better known neighbour.

## NOTABILIA.

### SECTARIANISM IN MEDICINE.

THE following extract from the address of the President of the American Institute of Homœopathy—Dr. Orme, of Atlanta, Georgia—delivered at the annual meeting held at Saratoga, N.Y., on the 27th of June, will be read with interest:—

“Those who have, under one pretext or another, and after one misrepresentation or another, held that homœopathsists should not be regarded as regular physicians and fit persons with whom to consult, finding that the despised heretics would not die in accordance with their prophecies, and could not be obliterated by being ostracised and maligned—but that they rather grew in strength, popularity and importance, notwithstanding all this unprofessional opposition—and that loss was suffered by refusing consultation with them—resolved upon another change of attitude. In order to make a show of reason for a still hostile position, and at the same time invite a surrender by the erring party, it was at last, as it is now declared, that opposition is not made to us upon the former scores, but that our offence is that we are a *sect*, and have a *sectarian name*—averring that we may practise what we please if we will only give up our odious distinctive title. Let us, then, since we are fairly confronted with this last ground of complaint, consider to what degree of attention it is really entitled. Is it really so sinful to be a sectarian—especially when the formation of a sect was a necessity, as has been

shown, from the improper action of the complaining majority? Is there not, somehow, a sect called 'regulars' or 'allopathists,' as well as one called 'homœopathists?' And might not 'regular' be considered a good name to trade upon? Have not sects existed, and to the advantage and progress of civilization, since the earliest times of which we have any history? Does it not seem as though we owe nearly all the advancement that has been made in religion, science, art, politics and medicine, to the work that has been done by sects or schools? Where should we be but for them and their enthusiastic labours? We read in Josephus that 'the sect called Christians is not extinct unto this day,' and the term sectarian has, long since, ceased to be really a term of reproach—has lost all its terrors in the view of liberal minds.

"The fundamental law of our land, the Constitution of the United States, properly secures the rights of its people to assemble together in bodies, as sectarians, if they choose—for it is one of the natural, inalienable rights of those who hold peculiar views, especially when persecuted, to unite themselves together for their common objects and their common good. Sectarianism, of which history is full, should rather be encouraged than suppressed—the people being benefited, if parties differ, and it is a marked evidence of weakness in the opposition that the best point they can make against us is the pitiful one that we bear a special name—when we have a reason for it that is so good. Let us then be a sect, if we must, and continue to advance the cause of medical science as we have done; but let us not be factious, as have some of our prejudiced opponents. Let us be a liberal sect, working in our own sphere, holding the even tenor of our way, while we treat with respect, and wish God-speed to all other sects who think they can do better work by labouring honestly upon other lines—and let us use no undignified or unbecoming epithets.

"Who can estimate the loss to medical science, especially in the departments of *materia medica* and therapeutics, if the work of homœopathists, as a sect, could be stricken from the record? We may be a sect, striving in our own way for the advancement of the profession that we love so well—but we need not be a faction, obstructing others, defaming others, bringing reproach upon us all, and retarding general progress. We should be liberal, as our Institute is liberal—tolerating a variety of views upon various subjects.

"We surely may, as a body, lay just claim to being liberal. While united upon *similia*, we embrace some who are regarded by other some as entertaining vagaries, of woeful tendencies. We include the 'high' and the 'low,' dynamizationist and

the strict materialist ; those who think we should adhere to the ideas and teachings of a 'master' of half a century ago, and those who think we should keep abreast of the tenets and teachings of more modern times, using the measures of any and every school when available ; and I do not know but we may even tolerate a few who are disposed to think that we might now afford to yield to the seductive wooing of the other side, and dispense with our characteristic title ! Yes, homœopaths of all phases of thought are welcome under the canopy of our Institute. The homœopathist who cannot find himself in congenial companionship here, must be a victim of some misapprehension, have some fancied grievance, or be of so fault-finding a nature as to have no just claim upon our attention. While we are a sect, in a proper sense, and from the necessity of the case, we are not a sect in an evil sense, or from a desire to be separate from the general profession of which we are a part—any more than is the allopathic branch, which can be called regular only as a distinctive designation, and not on account of any essential regularity in its method of practice. That it is reprehensible to be a member of a sect, *per se*, is a preposterous proposition. Notwithstanding all the affectation of holy horror upon the subject, it is not a sin, it is not a crime, it is not a vice, to be one of a sect united in an honourable cause.

“ Specialization is in accordance with the laws of development and of progress, and a liberal profession should not unreasonably oppose the formation and existence of as many sects or schools as can be found to do good work, but all of these should be regarded as parts of one brotherhood—all alike labouring for the common benefit of humanity. But the era of the charge of sectarianism—a charge that is weak in itself, and that accomplishes no purpose, must pass, indeed is passing, and we now see the dawn of the era of toleration, when we may look for more of common sense, more of courtesy, more of consistency. It is coming to be realised that, while there may, and probably from the nature of things, must be sects, there can still be common respect and co-operation. We can see the foreshadowing of a better day in the tone of some of the leading men of the old school, who, with more wisdom than some of their *confrères*, recognise the true situation. That liberal, and sensible, and even kind words are used towards us by representatives of a school which was wont to treat us only with contumely, is a harbinger of a better time coming. As illustrations of the character of expressions referred to, the following may be given :—

“ The *New England Medical Monthly* published last year a communication from Professor Romaine Curtis, of the

Chicago College of Physicians and Surgeons, on 'Rational Medicine and Homœopathy in Relation to Medical Ethics,' which closes with these paragraphs:

" 'To conclude, it is impossible at present to indicate the grounds for reconciliation between these pathies from the scientific basis of coming medical practice, but I have no doubt that there will be such a reconciliation, and good grounds for it.

" 'The medical profession are well acquainted with the new code, which assumes that ethics among gentlemen needs no particular definition, and includes a feature denying that it is a penal offence to hold a consultation with a homœopath.

" 'Nearly all the criticisms of this code show a most profound ignorance of homœopathy, and regular medicine as well. The man who thinks there is more science and less art in one or the other is only a man ignorant of the status of rationalism in medicine as well as its scientific possibilities. Persecution has made homœopathy rich, and kept not a few of its professional rivals poor. It pays in no possible way to persecute or pretend to ignore homœopathy, or to say that it is a system of charlatanry. Even if this were true, it would not pay to say so, and it pays less because it is not true. The often repeated assertion that 'a physician to be a homœopath must be first either a knave or a fool,' has no foundation in fact, and has been worth its millions to the homœopathic profession. The system is old enough now to live on its merits, and free consultations and free intercourse and common medical societies will put homœopathy on its merits, and advance the cause and science of medicine and its much doctored ethics.'

" And the *Pacific Record of Medicine and Pharmacy* shows wisdom by giving the finishing touch to an editorial in the following well-tempered suggestions:—

" 'We are of the old school, educated in the strictest interpretation of its dogmas, and for nearly half-a-century have obeyed its dictum, but, perhaps, "the sunset of life gives us mystic lore," and we realise how much more is to be gained by a courteous acquiescence in something we cannot help than an unsuccessful contest against the inevitable. Let us modify our code—let us extend to members of other schools, if not the hand of fellowship and communion, at least the olive branch of peace, and recognise them as followers of Him "who came to heal the sick."'

" These sentiments come to us from the two extremes of our broad land. Others are coming too, upon the same line, and we have only to continue on in our dignified and con-

sistent course to secure the respect of the most obdurate of the opposition.

“ And now, what response are we to make to the overtures of the liberal and progressive members of the old school—that large, growing and respectable portion who adhere to the ethics of the ‘ new code ? ’ A very simple one :—

“ Your new code is our old code—the code of the golden rule—the code of common sense and of humanity—the code we have held to and have been controlled by all the while. Our Institute defines the term *regular physician* as ‘ a graduate of a regularly chartered medical college. The term also applies to one practising the healing art in accordance with the laws of the country in which he resides.’ Anyone thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician—and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools—probably always will be—the laws of the land recognise it as one thus divided ; but it should not be divided in purpose, nor should its members fail to answer, with alacrity, calls to co-operate in the interest of suffering fellow beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of art, and let us all, eschewing bickerings, so act as to uphold the dignity and honour of our profession, and thus command the respect of the world at large.

“ Homœopathists, then, having no thought of relinquishing their distinctive title, under present conditions, What is the true basis of harmony ?

“ First, the golden rule ; second, the acceptance by the profession at large of the definition adopted by the American Institute of Homœopathy, of the term ‘ regular physician ; ’ third, the recognition and co-operation of the aids furnished by experience, and members of different schools, under the above conditions. These three articles constitute the basis, and the only sound basis, for the future harmonisation of the medical profession. The duty of making suggestions is one which I shall allow to rest lightly upon me. There are, however, several recommendations which seem called for, and which it would show a remissness to omit. All along through the controversy concerning homœopathy, charges which are entirely in conflict with the truth, have been made against those represented by this national body. These have been repeated from the chairs of medical professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a



circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far—so that, with many, the representations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect as follows :—

“*Resolved*, 1st.—That the American Institute of Homœopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its constitution, namely : ‘ The improvement of homœopathic therapeutics, and *all other* departments of medical science,’ and that it is proud of its achievements up to this time.

“ 2nd.—That the imputations cast upon the character and intelligence of the early homœopathists (who were converts from the old school practice), by many of the profession, were the result of ignorance and prejudice, were unprofessional and unworthy of the members of a scientific and liberal profession.

“ 3rd.—That the charge made at a later date by the American Medical Association that members of the homœopathic school ‘ practised upon an exclusive dogma, to the rejection of the aids furnished by experience and by the sciences of anatomy, chemistry, physiology, &c.,’ is abundantly devoid of foundation in fact.

“ 4th.—That the still later charge by some of the profession (the latter having been demonstrated to be untenable), that homœopathists ‘ trade upon a name,’ is not only a slurring attempt to check a winning cause, but is a positive calumny.

“ 5th.—That the most recent and present position of the medical profession, that homœopathists are blameworthy for consorting under a denominational name, thus constituting a ‘ sect,’ is a flimsy pretext, and an insufficient excuse for refusing to extend to them the usual courtesies of the profession.

“ 6th.—That the responsibility for the division of the profession into schools, as far as homœopathists are concerned, rests upon those who, by an illiberal and unprofessional course—refusing to examine into the doctrines of the new schools, and aspersing and ostracising its followers—rendered the closer association of these latter a necessity.

“ 7th.—That there is no demerit in belonging to a sect, provided it be engaged in a good cause, and its methods be tempered with liberality, and that it will be expedient for homœopathists to continue to be a sect until their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia similibus curantur*.



“8th.—That inasmuch as the position of the homœopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions.”

## FREEDOM OF MEDICAL THOUGHT AND PRACTICE IN CHICAGO.

THE American Medical Association recently met in Chicago. This body is well-known for the narrowness of its views of professional polity. In the bitterness of its antagonism to homœopathy it is considerably in advance of any medical society in this country. Happily in its indulgence of such feelings it finds but scant sympathy from the better educated and more thoughtful of American citizens. The following episode in its proceedings at Chicago is thus set forth by *The Medical Era* of that city:—

“*The Chicago Times* greeted the gathered doctors, on their opening morning, with an editorial containing such passages as these:—

“‘It is to be confessed that the locality of Chicago is unfavourable for harmonious medical action. The regular, or self-styled orthodox medical men of this region are beyond doubt the most bigoted and intolerant in the nation. Such a thing as liberality in the treatment of members of the heterodox orders is substantially unknown. In fact, the so-called regulars, in this region, are as proscriptive and as inclined to persecution as ever was the inquisition in its worst phases. . . . To the average layman this fight of the regulars, as they choose to term themselves, against the homœopathic and other practitioners is an absurd one, as well as one which is growing to be gradually useless. . . .

Private opinion is sustaining homœopathy; the state laws give it the same status, so far as official place is concerned, as that possessed by the self-styled regulars; and its membership is hourly increasing in numbers and influence.

The rule of consultation among physicians should be based not on creeds, but personal qualities. The question should be, not, is he a homœopathic practitioner, but, is he a gentleman and a man of education? . . . If the matter shall come before the American Association, it will do well to comprehend that in the proscription of other physicians the regulars are fighting a much larger host than that made up of homœopathic and other medical practitioners; they are fighting the sympathies of the laity and the spirit of the age, both of which are invincible antagonists.’

“ At the next morning's session of the convention a Nashville doctor introduced a series of resolutions from which we make the following choice extracts :—

“ ‘ *Resolved*, That we regard *The Times* as sadly out of joint in publishing this diatribe in its editorial columns. That we protest against the medical men of this region being called the most bigoted and intolerant in the nation; [referring to homœopathists it speaks of them as] a special sect who claim a special designation. And we make the assertion that all progress in medicine and surgery to this day is due solely and alone to those who claim no special designation other than being members of the regular profession.’

“ These resolutions are remarkable for just two things: a piece of inconsistency which may, in common parlance, be likened to a pot calling a kettle black, and a deliberate misstatement of fact. While speaking sarcastically of homœopathic physicians as ‘*a special sect who claim a special designation*,’ they go on to speak of the members of the dominant school as ‘*those who claim no designation other than being members of the REGULAR (!) profession*.’

“ To say that ‘all progress in medicine is due solely and alone to’ these so-called ‘regulars,’ is false! The greatest progress in medicine for the last hundred years is due almost entirely to homœopathy—to the labours of Hahnemann and his followers.

“ It must be added that the convention showed its good sense by very promptly voting down the resolutions. They were before it only long enough to give the members their annual opportunity to glorify themselves, and to cast a slur upon homœopathy. But, as *The Times* has said, ‘they are fighting the sympathies of the laity and the spirit of the age.’

“ The next morning *The Times* treated the convention to the following bit of information :—

“ ‘ At the Chester (Illinois) Penitentiary, where medical practice is of the allopathic kind, the percentage of time lost by sickness is four times as great as it is at the Joliet Penitentiary, where the prisoners are doctored on the homœopathic principle.’

“ *The Times*, by way of comment, added —

“ We give this as a fact, just as we would state any other fact.”

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### HOMŒOPATHY IN DAKOTA, U.S.A.

MR. A. H. POPE, writing from Ladds, Colfax Co., New Mexico, informs us that the Governor of Dakota Territory has appointed Dr. Huff, a homœopathic physician, practising at Huron, D. T., Chairman of the Board of Health of the

Territory. Appointments of this kind will do more to break down artificial distinctions between physicians of different schools of thought than thousands of the best drawn resolutions.

### HOMŒOPATHY IN HAWAII.

Our readers will be interested to know that the Queen of Hawaii and the Princess Lilinokalani are staunch homœopaths. We understand that during their recent visit to London for the Jubilee, both these royal ladies were under the care of our esteemed colleague Dr. Burwood, of Ealing.

### HAHNEMANN IN PRACTICE AT PARIS.

M. ERNEST LEGOUVÉ, the "Vice-Doyen" of the Académie Française, gives, in the columns of *Le Figaro* of the 19th of March, the following sensational, indeed mythical description of his calling in Hahnemann to attend his daughter, after her case had been abandoned as hopeless by the eminent physicians who were engaged in treating her *secundum artem*, of Hahnemann's visit to her, and her ultimate recovery.

M. Legouvé adopts as the title of his article *The Resurrection of a Child*. He then proceeds as follows:—

"Samuel Hahnemann is one of the great innovators of the 19th century. About the year 1835 a medical revolution began, one which still continues. I do not discuss the system, I state the fact. A chance, for which I can never be sufficiently thankful, put me in connection with him at a time when his reputation was very high. I was there, perhaps, for something, and the recital of the close intimacy which was formed between us will assist in making this extraordinary and superior man to be better known.

"My daughter, four years of age, was dying; our physician, one of the staff of the Hôtel Dieu, Dr. R——, had declared in the morning, to one of our friends, that her case was hopeless. We watched, her mother and myself, perhaps for the last time, beside her bed; Schœlcher and Goubaux watched with us. In the same room was a young man, in evening dress, one of the most distinguished pupils of M. Ingres, Amaury Duval. We desired to preserve at least a remembrance of the dear little creature for whom we wept already, and Amaury, pressed by Schœlcher, who had been to look for him at an evening entertainment, consented to come and make this melancholy picture. When the dear and charming artist (he was then 29 years of age) came with much emotion into the midst of our grief, we did not suspect, neither did he, that he would render us the very greatest service that we ever received, and that

we should owe him much more than the likeness of our child—her life. He placed a lamp at the foot of the bed upon a small, high table, the light of which fell upon the face of the child. Her eyes were closed, there was no longer any movement in her body; her dishevelled hair floated round her brow, and the pillow upon which her head lay was not whiter than her cheeks and her little hand; but the child had so great a charm about her that approaching death seemed only to add one more grace to her appearance.

“ Amaury employed the night in making his sketch of her, often wiping his eyes, to prevent his tears falling on his paper. In the morning, the portrait was finished; under his great emotion he had accomplished a masterpiece. When he left, in the midst of our thanks and our lamentations, he suddenly said to us: ‘But, since your doctor declares your child lost, why not seek this new medicine which is now making so much stir in Paris, why do you not go for Hahnemann?’ ‘He is right,’ exclaimed Goubaux. ‘Hahnemann is my neighbour. He lives in the Rue de Milan, opposite to my institution. I do not know him. But never mind! I am going, and I will bring him to you.’ He arrives. He finds twenty persons in the ante-room. The servant explains to him he must wait his turn. ‘Wait!’ cries Goubaux, ‘my friend’s daughter is dying! The doctor must come with me!’ ‘But, sir,’ cries the servant; ‘Yes, I understand, I know, I am the last. What does that matter! The last shall be first, says the Gospel;’ then turning to the by-standers, ‘Is it not so ladies? Am I not right? Will you not willingly give me your place?’ And without waiting for any reply, he went straight to the door of the doctor’s study, opened it, and rushed into the midst of a consultation. ‘Doctor,’ he said to Hahnemann, ‘what I am doing is contrary to all rules; but you must leave every one, and come with me! The position is that a charming little girl, four years old, will die if you do not come; you cannot let her die, it is impossible.’ And his invincible charm worked as usual. An hour after, Hahnemann and his wife arrived with him at the chamber of the invalid. In the midst of all the troubles of my poor head, confused with grief and sleeplessness, I believed I saw entering one of the characters in the fantastic tales of Hoffmann. Small of stature, but robust and firm of step, he advanced, enveloped in a fur cloak, supported on a strong cane with a golden knob. He was nearly 80 years of age, had a grand head, his hair, white and silky, was thrown back carefully curled; his eyes deep blue in the centre, with a circle almost white round the eye ball, an imperious mouth, the under lip projecting, his nose eagle-like. On his entrance, he went

straight to the bed, threw a piercing look on the child, and asking for the particulars of her illness, never ceased looking at her. Then his cheeks flushed, the veins in his brow swelled, and he cried, with an accent of rage: 'Throw all these drugs out of the window, all these phials that I see here! Take the bed out of this room! Change the sheets, the pillows, and give her as much water as she likes to drink. They have thrown a brazier into her body! We must first put out the fire! We shall see what more is to be done afterwards.' We observed to him that the change of temperature and of linen might be very dangerous. 'What is fatal to her, is this atmosphere, and these drugs. Remove her into the drawing-room, and I will return this evening. And above all, water! water! water!' He returned in the evening, and again on the next morning, when he began his treatment with medicines, satisfying himself by saying every time, 'Again one day gained.'

"The tenth day, the danger again became suddenly imminent. The cold reached the knees. He arrived at 8 o'clock in the evening, and remained near the bed for a quarter of an hour, like a man suffering great anxiety. At last, after some conversation with his wife who always accompanied him, he gave us a remedy, saying to us, "Make her take that, and notice well if, in the course of an hour, the pulse goes up." At 11 o'clock I held her wrist, when suddenly I seemed to feel a slight modification in the beating. I called my wife, I called Goubaux, Schœlcher. There we were, feeling the wrist one after the other, examining the watch, counting the pulsations, not daring to feel sure, not daring to rejoice, until after some minutes had passed we all four embraced one another—the pulse had gone up. Towards midnight Chrétien Uhren entered the room. He came to me, and in a tone of deep conviction said: 'My dear Mons. Legouvé, your daughter is saved.' 'She is a little better,' I replied with emotion, 'but that is not a cure.' 'I tell you that she is saved;' then, approaching the bed, where I was watching alone, he kissed the child's brow and went out. In eight days she was convalescent."

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#### OLIVER WENDELL HOLMES AND HAHNEMANN.

Our contemporary, *The Hospital Gazette and Students' Journal* (July 16), refers as follows to the incident recorded by Dr. Holmes in his account of his visit to Malvern in *The Atlantic Monthly Magazine*, on which we remarked in our last number.

"In the June number of the *Atlantic Monthly*, O. W. Holmes describes his visit to Malvern. There he and his

daughter made the Foley Arms their headquarters. He says : ' The room I was shown to looked out upon an apothecary's shop, and from the window of that shop stared out upon me a plaster bust, which I recognised as that of Samuel Hahnemann. I was glad to change to another apartment, but it may be a comfort to some of his American followers to know that traces of homœopathy—or what still continues to call itself so—survive in the Old World, which we have understood was pretty well tired of it.' This confession is scarcely worthy of the author of the *Autocrat at the Breakfast Table*. Hahnemann may have had his whims and fancies, but he was as honest and sincere in his work as many of those who profess such contempt for his name and his disciples. That Dr. O. W. Holmes should have been upset by the vision of a plaster bust of Hahnemann leads one to believe that he is the owner of a petty mind."

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#### PHYSICIAN OR THERAPEUTIST.

In an address delivered to the members of the British Medical Association, Sir Dyce Duckworth said : " And inasmuch as the term therapist has been lately much objected to, I would say, here and now, that if practising physicians are not therapists I do not recognise any place for them in our social system. If the end and aim of all our studies and labours is not to heal the sick, I do not know what object we are in pursuit of. I see, only too plainly, that some of the studies which now absorb the attention of many amongst our body are not directed to this end ; and I have a strong opinion that those who scoff at the efforts of so-called practical men in this direction are in no proper sense bedside healing physicians. A great gulf is fixed between the students of bedside and those of dead-house pathology. Our business as healers of the sick is to try and afford the pathologists as few opportunities as possible of following us in our work and twitting us with our failures. Their harvest, unhappily, is only too plenteous, and we owe them, and always shall owe them, our thankful acknowledgments for the aid they give us in bedside work. But let it be recognised at once that we have to deal with life and to save it, if we can, while they deal with death. I have often said, and now repeat it, that a great physician is a great artist, and can hardly transmit his special and personal powers. His skill, however, is far from being limited to mere drug-giving, and consists in a comprehensive care and solicitude for everything, however minute, that has to do with the well-being of the patient, and the aversion from him of all unfavourable influences. Hence, no amount of pathological learning will ever, by itself, make a master of the art of healing, and a

seeming antagonism is thus set up between those who maintain that dead-house research is all in all, and those who hold that bedside study alone enables a man to employ remedial agents. All, then, who try to heal the sick in any rational way are therapists whether they like the term or not. The rational method is, of course, founded on accurate physiological and pathological conceptions, but is therapeutics all the same, and always will be; and drug-giving is a part, but only a part, of it; not, indeed, always necessary or advisable.—*Hospital Gazette and Student's Journal*.

### THE LESSON OF THE BONE-SETTER'S SUCCESS.

*A propos* of the death of Mr. Hutton, the well-known and very popular "bone-setter," *The British Medical Journal* (July 23rd) makes the following very excellent remarks:—

"It is significant, though by no means surprising, that the daily press has taken the opportunity of singing the praises of bone-setters this week, to the disparagement of orthodox surgery as far as diseases of joints are concerned. The subject, as we are all aware, has been repeatedly discussed in medical journals and before medical societies. Some of the many sources of the bone-setter's success are self-evident. The public believe in 'gifts' and 'inborn genius,' in men who know without learning. This feature in human nature is reflected in works of fiction, where the hero is made to scribble off some masterpiece of literature, or to dash off a picture which puts the old masters to shame, all without study, his time being taken up, as the narrative usually shows, by more picturesque but less professional employments. The bone-setter is popular partly because he is believed to be a genius who has not crammed his head with Doctor's Latin. Another class of the public have some personal objections to medical men, and chant the praises of bone-setters without looking into facts. There remain, however, the important truths that bone-setters have gained the confidence of hundreds of intelligent persons, and that, although it has repeatedly been shown that gross errors of diagnosis and complete failure have often attended the practice of these empirics, it is equally certain that they sometimes cure cases which ought to have been cured by qualified men already consulted. Patients with chronic articular diseases expect manual treatment, not advice. Too often they get only the latter from the surgeon, whilst the bone-setter does the work which the qualified attendant only tells the patient to do for himself, or at the most leaves it to be done by a 'rubber.' Thus not rarely we hear of a patient applying to some distinguished surgeon for relief from chronic



synovitis of a joint, the result of a sprain. He is told to rub the affected part, and perhaps some lotion is prescribed. Now it does not follow that he has the least idea how to rub the joint, and at the best, manipulative treatment on one's-self is unsatisfactory. The services of a rubber may be recommended; then, if the joint be cured, the rubber rather than the surgeon gets the credit. When, on the other hand, a patient consults the bone-setter for the same affection, the joint is dexterously wrenched after it has been pronounced to be 'out,' old adhesions are torn down, and permanent benefit often effected, and all this is done by the bone-setter himself at one sitting. Of course, a success of this kind inspires public confidence in favour of the empiric, who also knows when the extra services of a rubber are needed. He makes a show of doing something for the patient himself from the very first, and uses terms at random, which give the impression that something definite has been done. The surgeon is consulted because he is supposed to cure with his hands. He is never above operating, so there is no reason why he should be above manipulating. When surgeons become as ready to rub and manipulate old sprains in the consulting-room as they are to open thecal abscesses, and to master the details of breaking down old adhesions as they now master the steps of an operation, the bone-setter's occupation will be gone."

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#### “ZINFANDEL”—CALIFORNIAN WINE.

OF late, owing to the great consumption of claret as a beverage, it is pretty well known that there is a large amount of adulteration of this wine, and that some so-called clarets have never seen French vineyards. This fact has led to the introduction of other similar, but pure, wines from Australia and other wine-growing countries. One of the best of such wines is the “Zinfandel,” from the Fountain Grove Vineyards, Santa Rosa, California. The exposure and the climate of these vineyards is almost perfect for vine growing, while the soil is volcanic, strongly impregnated with iron, and is almost virgin ground.

The wine produced, of which we have just tasted samples, is a first-class wine. It is pure—a very important point—of full body, and excellent colour and flavour. There is no harshness about it, and while it is a wine that one can drink as one would a French wine, as a dinner beverage, it will be a most valuable wine for dietetic purposes. An invalid who requires a sound, full-bodied, and wholesome red wine, could not have a better than “Zinfandel.”

The iron soil on which it grows renders it specially valuable in cases of anæmic tendency. We can strongly recommend it, and we have no doubt it will have a large sale as soon as it is known.

The importers are Messrs. Potier and Pearce, 266, South Lambeth Road, London, S.W.

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### NEAVE'S FOOD.

We understand that this favourite article of nursery diet has recently been analysed by Dr. Cameron, Mr. Bartlett, and others. It is stated as the result of their enquiries that it contains 14.7 of proteinaceous flesh-forming matter, and is particularly rich in phosphates. It is a highly nutritious and, at the same time, easily assimilable food, and is particularly adapted for young children, especially when suffering from diarrhoea.

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### OBITUARY.

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#### THOMAS ENGALL, ESQ., M.R.C.S.

We regret to have to announce that after a prolonged illness, attended with great suffering, endured with exemplary patience, our old friend, Mr. ENGALL, died on the 18th July, in his 80th year.

Examination after death showed the liver and gall bladder to be almost completely destroyed by carcinoma; the latter contained 188 gall-stones, but as he had never suffered from symptoms of gall-stone colic, it is to be presumed that none had passed or attempted to pass out of the gall bladder during life.

Mr. Engall commenced business life as a cabinet-maker, but a noble ambition to follow a profession in which he could be of more use to his fellow-creatures led him to study medicine. He pursued his studies under great difficulties, working during the day at his trade and attending classes at a mechanics' institution in the evening, so as to gain the necessary education to fit him for the medical studies he was resolved to undertake in order to obtain the diploma of the College of Surgeons, which he succeeded in securing in 1848. Dr. John Epps induced him to study the homœopathic system, and he also learned from Dr. Harrison his peculiar method of treating spinal diseases and deformities. For many years he conducted an institute for the treatment of those maladies, and he found the homœopathic remedies to be a great assistance in his orthopædic practice.

He practised as a homœopathic surgeon at first in Torrington Place, and subsequently in Euston Square, where he enjoyed the confidence of a large *clientèle*. For many years he acted as surgeon to the West London Homœopathic Dispensary, which was largely frequented by poor patients from all parts of London. He was a zealous member of the British Homœopathic Society, where he read several useful practical papers, the best of which, on deformities of the chest and spine, were published in the *British Journal of Homœopathy*.

Mr. Engall's benevolent disposition led him to become an active member of several philanthropic and educational societies for promoting the comfort and elevation of the working classes. He also took a warm interest in the Bible and other classes in connection with the Presbyterian Church in Regent Square, of which he was a member. Those who knew him best esteemed him most for his sterling qualities, his benevolence and thorough honesty.

His funeral at Highgate Cemetery was attended by a large concourse of friends, and several laudatory orations were pronounced over his grave. He leaves a widow, but no family.

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#### DR. HENRY DETWILLER.\*

THE following notice of the late Henry Detwiler, M.D., of Easton, Penna., the man who on July 23rd, 1828, made the first homœopathic prescription in the State, we copy with but slight alterations from the *Northampton Democrat* of April 29th, 1887.

After seventy-two years of active medical practice, Dr. Henry Detwiler, having attained the venerable age of ninety-two years, and the distinction of being the oldest homœopathic physician in the United States, if not in the world, has at last ended his long and useful career. About three weeks ago he arose at an early hour, as has been his habit from childhood, took his regular morning walk, and near the corner of Fourth and Northampton Streets had the misfortune to fall upon the pavement, striking his forehead. He was assisted to his feet and returned to his office, partook of his customary lunch, and went to Bethlehem to attend several patients; the following day he made professional calls at Frenchtown, N.J., and in the evening of the third day he began to feel the effects of the fall. From then until Thursday morning of last week, April 21, at about seven o'clock, when he died, he has been confined the greater portion of the time to his room. Always accustomed to an outdoor life, his

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\* *Hahnemannian Monthly*, May, 1887.

confinement irritated him, but while consciousness lasted he still gave minute directions as to the treatment of his patients, and superintended the preparation of medicines until through weakness he lost the power of articulation.

His career has been a marvellous one. He was born in Langenbruch, Canton Basel Landschaft, Switzerland, on the 18th day of December, 1795. His parents were named Henry and Verena Detwiller. He attended the village school in his boyhood days, where he showed great aptness for learning—so much so that when he arrived at the age of 18 he was sent to a French institute at St. Immier, where he pursued his studies until he was 15 years old. He then became the private pupil of Laurentius Senn, M.D., a graduate of the celebrated school at Wurzburg. He remained under his tutelage for three years and prepared for matriculation in the medical department of the University of Freyburg, in the Grand Duchy of Baden, to which institution he was admitted in the spring of 1814, where he prosecuted his studies for five consecutive semesters. After leaving the university, having barely reached his majority, and being fond of natural science, he felt a strong desire to penetrate the mysteries of this broad field of interesting and useful knowledge, and yearning for new scenes and impressions, he determined to cross the seas and explore the regions of the new world. He left Basel in the spring of 1817; several hundred emigrants accompanied him to Amsterdam. On this passage he acted as physician to the company. When they arrived at Muiden, near Amsterdam, he was requested to present himself to a medical board at the latter city for examination, which he did, was found competent, and appointed physician on the ship "John," an American vessel from Boston. It was an old "three master" upon its farewell trip, almost worn out, and unseaworthy then. But it took on board over four hundred human beings, men, women and children. Too closely packed in the vessel, extreme heat, and perhaps improper food, caused great suffering among the passengers. Disease overtook them, the medicine chest became empty, and the young doctor was called upon, not only for his medical skill, but the contents of his private medicine stores, to save life. On board the ship was no less a distinguished personage than General Vandame, one of the officers of Napoleon, who had become a political refugee. In the latter part of July, 1817, the vessel reached the port of Philadelphia. Many of the passengers who were sick when they arrived, were, with the sick of another vessel, put in charge of Dr. Detwiller by the port physician. While thus detained he became professionally acquainted with Dr. Munges, an eminent French physician, by whom he was frequently called in consultation

in the families of General Vandame and other French refugees of rank. At the suggestion and persuasion of Joseph Bonaparte and Dr. Munges, he was dissuaded from going West, as he at first contemplated, and determined to begin practice in some German locality. Having letters of recommendation from high sources, he started out on a prospective tour. His first visit was to Allentown, where he arrived in the early autumn of 1817, and soon entered the office of Dr. Charles W. Martin, then a prominent physician in that county, where he remained as assistant for about seven months, during which time he displayed so much real knowledge and skill in his profession that he at once gained the confidence of all.

During the winter following and after, there was much sickness in the country, puzzling in its nature the skill of physicians generally, and causing much distress in the locality. The young German doctor soon discovered that the disease was caused by lead poisoning. The drug being in form of the malate of lead, produced by keeping fruits in the earthen jars then in common use, and in the manufacture of which litharge was employed. Dr. Detwiller at once applied the proper antidotes and gave the necessary instructions to warn the people against the danger, and the disease disappeared. Of course, this successful treatment at once made the young doctor very popular among these people, and from various localities came urgent invitations to him to establish himself among them.

Finally, in the spring of 1818, he moved to Hellertown, in Northampton County, and opened an office there. Having thus settled himself, he soon made the acquaintance of an estimable lady, named Elizabeth Apple, to whom he was married in December of the same year. They lived happily together for seventeen years, when Mrs. Detwiller died, leaving three sons and four daughters to mourn her loss.

In the year 1828, Wm. Wesselhoeft, M.D., and Henry Detwiller, M.D., were practising near each other, the former at Bath, Pa., the latter at Hellertown, twelve miles south of Bath. They met frequently in social life and in professional consultation. At one of their meetings Dr. Wesselhoeft mentioned that he had received from his father and Dr. Stapf, in Germany, some books on homœopathy and a box of homœopathic medicines. He asked Dr. Detwiller to examine with him the new system of medicine. Dr. Detwiller complied by studying up a case he then had on hand, of retarded menstruation with severe colic, and found *pulsatilla* indicated. He administered it—the first homœopathic dose in Pennsylvania, July 23, 1828, and was rewarded by a speedy and complete cure.—*Transactions of the World's Homœopathic Convention*, 1876. Vol. II.,

p. 778. From that time until his death he has been the unwavering student, practitioner and champion of the principles of homœopathy.

In 1836 he paid a visit to his native land, accompanied by his eldest son, William, whom he placed in one of the institutions of learning there to pursue his studies under the guardianship of a professional friend. During his stay in the old country he formed the acquaintance of many learned men of Europe, among the rest such celebrities as Dr. Hahnemann, Profs. Schoenlein, Okenschintz, and others. During his sojourn he visited his Alma Mater, presented his certificate of examination (*absolutorium*) executed in the fall of 1816, when he had not attained his majority, or the age required by the statutes for the holding of a degree. So, after an absence of twenty years, he applied to the medical faculty for an examination, and, if found worthy, for the grant of a diploma. The faculty met and after subjecting him to a rigorous examination he was rewarded with that to which he would have been entitled twenty years before had he been of age, namely, a diploma of Doctor *Medicinæ, Chirurgiæ et Artis Obstetricæ*.

In 1858 he removed to Easton, where he has since resided. During all his years of extensive practice he was ever able to devote himself to his favourite scientific studies. He collected the *Flora Sauconensis*, the name by which he called his herbarium, the specimens being collected principally in Upper and Lower Saucon.

The ornithological specimens, the mammals, reptiliæ, chelonix, &c., collected and prepared by him, represented, with but few exceptions, the whole fauna of Pennsylvania. A large number of them were sent to the University of Basil, while he was corresponding member of the National Historical Society there.

He was elected a member of the Medical Faculty of the Academy of the Homœopathic Healing Art at Allentown in 1836, and in 1844, assisted at the organisation of the American Institute of Homœopathy in New York City, and retained his membership in the Society until the close of his life. In 1866 he assisted in the formation of the Homœopathic Medical Society of the State of Pennsylvania, and continued his relations with it as a member until his death.

In September, 1886, he attended the dedication of the new Hahnemann College and Hospital in Philadelphia, and was described by one of the city journals as follows: "A bright-eyed and rosy-faced, but bowed and gray-haired man sat in one of the airy halls of the beautiful Hahnemann College and hospital building last night, looking smilingly around him on

hundreds of men and women. It was Dr. Henry Detwiller, of Easton, and the one man who in all that throng had spoken to the great apostle of homœopathy, Hahnemann himself."

His family consisted of three sons, Dr. Charles Detwiller, deceased; Dr. Wm. Detwiller, of Hellertown; and Dr. John J. Detwiller, of Easton, who for years past has been associated with his father in practice; and four daughters. In addition to these children he leaves twenty-seven grandchildren, twenty-one great-grandchildren, and two great-great-grandchildren.

CORRESPONDENCE.

THE ENORMOUS FORCE OF INFINITESIMAL  
DOSES.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Mr. Butcher (on page 406) having said that the above fact was now being recognised in every branch of industry induces me to call attention to the recent meeting of the Iron and Steel Institution, when topics interesting to homœopaths as showing infinitesimal action of certain chemical elementary bodies on the iron industry, and on plant-life were brought well to the front; one sentence alone "knowing the effect (in the pig iron) of less than 0.1 per cent. of either sulphur, phosphorus, silicon (or calcium)," awakening an interest in the homœopathic mind sufficient I hope to cause the transactions of the meeting to be read by the profession generally.

I give the analysis of a product of the new steel manufacture, regarded until recently as a waste substance, annoying by its vast accumulating mass, but which now promises to afford a valuable fertilising agent, at a nominal cost, to the sadly depressed agriculturist of this country.

Calcium ... ..	41.58	Varies up to 50.0
Phosphorus, as PO <sub>5</sub>	14.86	Varies up to 20.0
Iron, as F <sub>2</sub> O ... ..	22.16	Varies down to 15.0
Silicon ... ..	7.88	
Sulphur ... ..	0.54	
Sulphuric Acid } Anhydrous	0.12	
Magnesium ... ..	6.14	
Aluminum ... ..	2.87	
Manganese ... ..	8.79	
Vanadium ... ..	1.29	

100.00

Also traces of Titanium and of Chromium.



Now seeing the enormous masses of bases in this waste product, all of the very greatest value as homœopathic medicines, the subject is as full of promise as it is of elementary chemical bodies.

I refer enquirers to *Iron* (161 Fleet Street), June 8rd, 10th, and 17th, for a verbatim report of the meeting and for a letter from

Yours obediently,

The Dispenser at the Free Dispensary, Lydney.

## NOTICES TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. DUDGEON, Dr. ROTH, Dr. CARFRAE, Dr. COOPER, Dr. E. BLAKE, Dr. G. BLACKLEY, Mr. CROSS, The HOMŒOPATHIC PUBLISHING COMPANY (London); Dr. GIBBS BLAKE (Birmingham); Dr. BELCHER (Brighton); Dr. RAMSBOTHAM (Leeds); Dr. SHARP (Rugby).

## BOOKS RECEIVED.

*Homœopathic League Tracts*, No. 14. *The Royal College of Physicians and Homœopathy*. London: J. Bale & Sons, Great Titchfield Street, W.

*The First Annual Report of the Homœopathic League*. London: J. Bale & Sons, Great Titchfield Street, W.

*Note sur L'Hemi Rheumatisme*. Par Dr. H. Cazalis. Paris, 1887.

*The Homœopathic World*. London. July.

*The Hospital Gazette and Students' Journal*. London. June.

*The Journal of Microscopy and Natural Science*. London. July.

*Burgoyne's Monthly Magazine of Pharmacy*. London. July.

*Calcutta Journal of Medicine*. May.

*The New York Medical Times*. July.

*The American Homœopathist*. New York. July.

*The Hahnemannian Monthly*. Philadelphia. June and July.

*The Medical Era*. Chicago. July.

*The Clinique*. Chicago. June.

*The Medical Advance*. Ann Arbor. June.

*The Clinical Review*. Cleveland. June.

*Revue Homœopathique Belge*. April and May.

*Bulletin de la Soc. Homœopathique de France*. July.

*Allgemeine Hom. Zeitung*. July.

*Illustrated Price List of the Homœopathic Central Pharmacy*. Leipsic.

*Rivista Omiopatica*. Rome. June.

*Rivista Argentina de Cirucias Medicas*. Buenos Ayres. January and February.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### BRITISH HOMŒOPATHIC CONGRESS.

THE meeting which has been announced to take place at Liverpool on the 22nd inst., of members of the medical profession who openly acknowledge that homœopathy constitutes the scientific basis of therapeutics, will be one of especial interest in many respects.

Two years have passed away since the last assembly of the kind was held; the International Convention which met at Bâle last year having been regarded by the members of the Norwich Congress as a sufficient reason for not holding a national meeting amongst ourselves during 1886. The length of time which has elapsed since our last assembly will, we trust, create in all of us an irresistible desire to be present on this occasion.

The time for holding the Congress has been so fixed as to coincide with that determined on for opening the Hahnemann Hospital, recently erected at the cost of Mr. TATE, of Streatham—formerly a resident in Liverpool—and several members of his family. This event, which is to take place on the day following the meeting, will be one abounding in interest to all who believe in the great therapeutic doctrine of similars. The erection of this Institution is as good practical evidence that homœopathy is true, as could well be furnished. In our April number (p. 243) we gave a slight sketch of the

history of homœopathy in Liverpool. Forty-six years ago our therapeutic method was unknown in that city. In spite of professional opposition and persecution, notwithstanding the professional ostracism which an open avowal of the truth of homœopathy has encountered there, and in the face of efforts of the most dishonourable and disreputable character to deter sick people from seeking and obtaining the advantages which homœopathy has to offer, it is now represented openly by upwards of twenty medical practitioners—while an increasing number attest its value by adopting it secretly—by two dispensaries having eleven honorary and five paid medical officers with an average daily attendance of two hundred and forty-three patients. Further, we find the Liverpool Homœopathic Medico-Chirurgical Society, and the Materia Medica Society, constituting useful and active centres for the discussion of questions of medical and surgical interest, stimulating the zeal of their members in the acquisition of professional knowledge, and forming bonds of union among medical men practising homœopathy in and around the city, which tend to render medical life there more than ordinarily pleasant. And now a hospital, capable of receiving fifty patients, with scope for considerable extensions in the future, has been erected there, and will be opened on the 23rd inst.

It is absurd to suppose that a growth so steady and so considerable, one which has been uninterrupted during forty-six years, and which has taken place in the teeth of professional antagonism of the most virulent and unscrupulous character, can represent the rise and progress of “a fraud” or “a folly.” In 1841 the late Dr. Vose said that he regarded homœopathy as “a doctrine then in its infancy, and, like other infants, content to creep on all fours.” Seventeen years afterwards the same authority deplored that it had “swelled out into huge proportions.” Twenty-nine years have since passed away, and these “proportions” have vastly increased in dimensions! Such a history must be the history of a truth, aye, and of a great and vastly important truth! It is this truth that we desire to see our medical brethren, breaking loose from the shackles of a press and association-ridden professionalism, manfully and honestly enquire into. To accomplish this end we endeavour to spread the light, by book, pamphlet, and periodical; to this end we strive to

make the brilliancy of this light appear through our hospitals and dispensaries ; to this end we meet in Congress and in society, and there endeavour so to trim the light as to render it yet brighter and more conspicuous.

It is, then, in Liverpool, where the practice of homœopathy has so abundantly testified to its truth and value, that we meet three weeks hence, and there have an opportunity of congratulating Dr. Drysdale, Dr. Moore, Dr. Hayward and their colleagues on their successful defence and illustration of the great therapeutic fact, the development of which during the Victorian Era bids fair to have a deeper and more abiding influence on the practice of medicine than that of any other medical truth which has been promulgated during the past fifty years. And yet again, it is not only in Liverpool that our meeting is held, but it is, thanks to the hospitality of the Board of Management, within the walls of the Hahnemann Hospital, the last and most effective illustration of the progress which a conviction of the reality of the life-saving, illness-shortening power of homœopathy has made on the minds of the citizens, that we are to assemble.

Finally, this Congress is not only rendered attractive by the history of homœopathy in the city where it will be held, and by the special event which is immediately to follow it, but also by the subject the President proposes to discuss in his Address, and by the topics selected by the gentlemen who have undertaken to read papers.

The President, Dr. CLIFTON, of Northampton, is well known to us all as a successful practitioner of long and extensive experience, a constant and diligent student of therapeutics, and one possessing an intimate knowledge of the rise and progress of homœopathy in our midst. He will discourse on the *Therapeutic Changes in the Victorian Era : Their Meaning and Lessons for Homœopaths*. A most fitting thesis, truly, for this year of Jubilee ! A subject, withal, full of interest and abounding in instruction ; one that appeals to “ pure experience, the only, the infallible oracle of medicine ” ; one which, in Dr. Clifton’s hands, cannot fail to be fruitful in suggestions of a thoroughly practical and therefore of an especially useful character.

Dr. JOHN DAVEY HAYWARD, the author of the Vaughan Morgan Prize Essay on *The Medical Treatment of Our Time*, will, at the conclusion of the President’s Address,

read a paper on *The Use of Drugs in Surgical Cases*. Here is a topic of great and practical interest to all. To prevent the necessity for surgical interference is one of the most important duties of the physician; such necessity is, in many instances, the inevitable result of an imperfect practice of medicine. Again, the influence of specifically-selected medicines in minimising the dangers incidental to operative measures deserves a larger share of attention than our perhaps too exclusive devotion to medical cases has allowed to it. Many years ago, at a Congress held at Oxford, the late Dr. Dunn, whose surgical experience was large, read a very interesting, clinically illustrated paper, in the course of which he dwelt on the value of homœopathically-selected medicines after operations rendered necessary by injury. The great advantage of homœopathy to the surgeon cannot be too often brought under our notice. We look forward with much interest to hearing Dr. J. D. Hayward's demonstration of it, as well as to the discussion and interchange of thought and experience to which his paper will give rise.

Following Dr. Hayward, Dr. PROCTOR, of Birkenhead, will read *Some Practical Observations on Ammonia*—a medicine much less frequently used where the principle of similars guides the physician's selection of a remedy, than it is where palliation merely is sought for. It is, nevertheless, a drug of considerable power, and the study of its specific action ought not to be neglected. In selecting the action of a drug of this kind for discussion, Dr. Proctor has done well, and we have no doubt but that the experience he will relate, and that which he will elicit from others, will add greatly to the advantages we shall derive from our meeting together.

After luncheon, Dr. HAYWARD, senior, will, when introducing the report of the Hahnemann Publishing Society, make some remarks on the general subject of *Materia Medica*. The study of *Materia Medica* is of the first importance; it is also one surrounded by many difficulties, and one which can be undertaken in various ways. The subject, therefore, is calculated to provoke a most useful discussion—one that may be made especially valuable at a time when we are in the midst of preparing the most important work on the action of drugs available for use as remedies—*The Cyclopædia of Drug Patho-*

*genesy*—this century has witnessed the production of. In order to assist members in preparing to take part in this discussion, we would refer them to and suggest their study of the following papers relating to it, all being of recent date and setting forth the views of some who have given considerable thought to the various methods of presenting the *Materia Medica* for the study and use of the practitioner :—

1. Dr. Dudgeon's *Thoughts on Materia Medica, Suggested by Work on the Cyclopædia of Drug Pathogenesis*.—*Monthly Homœopathic Review*, May, 1886, p. 257.

2. Dr. Hughes *On Belladonna*.—*Ibid*, p. 268.

3. *Remarks on Dr. Hughes' Presentation of Belladonna*, by Drs. Drysdale and Hayward.—*Ibid*, Sept., 1886, p. 517.

4. *The Cyclopædia of Drug Pathogenesis*, by Dr. Proctor.—*Ibid*, November, 1886, p. 681.

5. A letter in reply to Dr. Proctor, by Dr. Hughes.—*Ibid*, December, 1886, p. 770.

6. An article by Dr. Drysdale, entitled *Again the Presentation of the Materia Medica*.—*Ibid*, May, 1887, p. 276.

If those who propose to attend the Congress will, before leaving home, carefully read and think over the papers we have cited, we are sure that the discussion Dr. Hayward's observations will evoke will be of a character well calculated to solve the problem of how we may be best able to study the vast amount of material placed before us as the result of the operation of drugs upon the healthy human body. We are anxious that the matured thought upon this subject of as many practical men as can be induced to take part in the discussion should find full and clear expression, because we are convinced that it is a thorough knowledge of *Materia Medica* that is of the greatest importance to the practitioner of medicine, and that it is the amount of such knowledge and the readiness with which it can be practically applied that, more than anything else, determines our success in dealing with disease. Every other department of practical medicine is well and sufficiently taught at our medical schools and in the general literature of medicine, but the nature of the action of drugs and the most efficient manner of using

them as remedies are commonly set forth in that half-hearted manner which is the natural result of the scepticism which prevails among hospital physicians as to drugs being in any sense remedial, and when written about they are described from a purely empirical point of view. Hence the study of *Materia Medica* is essentially the province of the homœopathist. How drugs must be enquired into in the first instance he well knows; of the principle upon which they must be selected in treating disease, in order to obtain from their use the *maximum* of advantage that they are capable of affording, he is also thoroughly convinced; but how their pathogenetic actions may be arranged so as to facilitate the study of them, and to render reference to their various effects for the purpose of applying them clinically most simple and rapid, we have yet to learn. We trust that the approaching Congress may not terminate without some important contribution to the solution of this difficulty having been made.

Passing from the scientific and artistic to the professional aspects of homœopathy, Dr. PERCY WILDE will discourse on *The Elimination of Sectarianism from Medical Science*. Sectarianism in medicine has been created by the professional opponents of homœopathy. For our part we believe that if the great body of the profession could be induced, in the first place, to "do unto others as they would that others should do unto them;" and, in the second, to "prove all things and hold fast that which is good," sectarianism in medicine would come to an end. If Dr. Wilde can point out any method by which such an infusion of Christian ethics can be made into ethics which are called medical, he will have accomplished an important work and have removed from the profession of medicine the greatest stain upon it that this century has witnessed the production of. The more this question is discussed and ventilated the better will it be for the progress of homœopathy—the clearer and more justifiable will appear the attitude assumed by homœopathists. It is a question which, in common with most others, has two sides, one of which was discussed by Dr. Orme, of Atlanta, Georgia, U.S.A., at the recent meeting of the American Institute of Homœopathy. The views he then expressed we gave a report of in the last number of our *Review*, and we com-



mend their consideration to those who intend to be present at our Congress.

The proceedings of the meeting will be brought to a close by resuming the discussion on Dr. Galley Blackley's paper entitled *Doctors and Chemists*, adjourned from the meeting held at Norwich two years ago; and, in order that it may not be a one-sided affair, a deputation from the Homœopathic Pharmaceutical Society has been invited to attend to take part in it. The paper by Dr. Blackley will be found at p. 659 of our issue in November, 1885. As a considerable period of time has elapsed since it was published, a reference to it before journeying to Liverpool will render discussion more practical, and consequently more useful. We may add that several letters on the same subject appeared in subsequent numbers of our *Review*.

By the time that a programme at once so important and so lengthy has been gone through, the hour for dinner will have arrived. This will take place at the Adelphi Hotel, and we doubt not will be worthy of the high reputation this well known house has long held for the first class character of its *cuisine*.

The last British Homœopathic Congress held in Liverpool was one of the most interesting and largely attended of any that have taken place. We trust that that at which we are about to assemble will exceed its predecessor in the same city in both respects.

On the day following that on which the Congress is held, THE LIVERPOOL HAHNEMANN HOSPITAL will be opened. This institution has been founded and furnished—placed, in short, in complete “running order”—by Mr. Henry Tate, who, during a long series of years, resided and conducted a large business in Liverpool. Two years ago, in a letter addressed to Dr. Drysdale, announcing his now fulfilled intention, he said:—

“ My long connection with the management of the homœopathic dispensaries in Liverpool, where I have been an eye-witness of the good done to so many thousands of the poor, together with the benefits my family and myself have derived, have induced me to take this step. I have a great wish that the poor in Liverpool should enjoy the advantage of a hospital such as is possessed by many other large towns, where they may be treated homœopathically, and also that a fair comparison may be afforded between the cases treated in this hospital and those treated in the hospitals where the allopathic

system is still adopted; and so in this way I hope the cause of medical science may be advanced."

This Hospital, therefore, is a direct testimony to the value of Hahnemann's method of drug-selection. *The Liverpool Mercury*, in an article describing Mr. Tate's munificent intention (December 16th, 1884), refers to this point as follows:—

"Whatever difference of opinion may exist in the medical profession as to the precise value of Hahnemann's method of treating disease, it is beyond all question that the popular faith in its efficacy is rapidly spreading, while the number of homœopathic practitioners is steadily increasing. Personal experience counts for everything in such matters, and when we find homœopathy being so widely depended upon, we may be sure that its merits are greater than the allopathic school have been willing to admit. Mr. Tate's generous offer is itself a result of the benefits he and his family have derived from this system of medical treatment, coupled with the experience he has had of its virtues during the 30 years he has been associated with the management of the local dispensaries."

Built, furnished throughout, and amply supplied with everything required by medical and surgical science for the practice of the medical and surgical art by Mr. Tate, he now hands it over to be sustained by the people of Liverpool. That it will be so sustained as to render it an institution of the greatest value to the city, and one of which the medical profession may be proud, we make no doubt. Up to the present time the list of donations, either paid or promised, amounts to £4,500. This is an admirable nucleus for an endowment fund, one which ought, in order to render the institution safe, to be increased to £50,000. In Liverpool, so wealthy and so generous as its citizens are well-known to be, we feel quite sure that such a sum will be raised with comparative facility, and on the day of the opening we trust that a good deal may be obtained towards it.

The opening ceremony will take place at 12 o'clock on Friday, 23rd of September, in the lower large ward. In its details the Mayor of the City, Sir James Poole, the Rev. Canon Fergie, Sir James A. Picton, Major Vaughan Morgan, Mr. Tate and others will take part.

At its conclusion luncheon will be served in one of the spacious wards of the Hospital, and various speeches be delivered. The Treasurer will be present, and will

be perfectly prepared to receive the contributions of the benevolent.

From 3.30 to 5.30 p.m. a reception will take place in the Hospital, which will be thrown open to the inspection of the public, and an opportunity for refreshment in the form of "Afternoon Tea" will be at the disposal of ticket-holders.

At 8 p.m. a grand classical concert will be held in the lower large ward of the Hospital under the kind and entirely honorary direction of Henry Rensburg, Esq.

On Saturday evening the festivities will be brought to a conclusion by a miscellaneous concert taking place under the direction of Dr. J. Davey Hayward, in the same ward, to commence at 8 o'clock.

We hope that as many of our colleagues as can contrive to remain in Liverpool during Friday will do so, and show by their presence their interest in the institution, and their readiness to congratulate Mr. Tate and our colleagues on its completion.

Dr. Hayward, of 117, Grove Street, Liverpool, writes to us to say that the arrangement for the luncheon would be greatly facilitated if those who can be present, or hope to be able to be so, would communicate with him to that effect.

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## THERAPEUTICS AT THE BRITISH MEDICAL ASSOCIATION.

THE address, "*In Medicine*," of Dr. GAIRDNER, Professor of the Practice of Medicine in the University of Glasgow, at the recent meeting of the British Medical Association at Dublin, and that of Dr. WHITLA, of Belfast, when opening the *Section of Pharmacology and Therapeutics*, on the same occasion, enable us to form some idea of the opinions of the medical teachers of our time regarding the present state of the art of treating disease with medicines, and of the measures required for its further development. We propose, therefore, briefly to place these opinions before our readers, and shall endeavour to deduce from them what appears to us to be the real need of the practical medicine at the present day.

Dr. Gairdner undertakes to discuss the question, "*Has the Art of Medicine Advanced during the Present Century?*" He refers naturally enough to the address delivered

twelve years ago by the late Dr. Warburton Begbie, which had, as its title, the question asked by the late Sir William Hamilton, Professor of Logic and Metaphysics in the University of Edinburgh, "*Has the Practice of Medicine (that is, the art as distinguished from the science) made a single step since Hippocrates?*"\* Dr. Begbie's answer to this question was far from pleasant reading to the patrons of *The Lancet*. The question itself, as well as Dr. Begbie's reply to it, seems to have set Dr. Gairdner "a-thinking," and the result of his thoughts finds expression in the address before us.†

The first idea which it appears occurred to Dr. Gairdner was, that "Hippocratic medicine and nineteenth century medicine are not comparable quantities." Our limited knowledge of the actual results following Hippocratic medicine it is, with much apparent justice, urged, renders any accurate comparison between it and the more exact methods pursued now impossible. "We really know almost nothing as to the degree in which, or even the circumstances in which, the physicians of the Hippocratic era successfully grappled with the diseases of the people at large." This, of course, is true; but, nevertheless, we are, from subsequent experience, in a position to estimate, with tolerable accuracy, what the results of the treatment proposed by Hippocrates would have been when compared with that in vogue during the first half of the present century. Dr. Gairdner, however, restricts his bird's-eye view of the therapeutic situation to the present century—a period of time during which greater progress has been made in all departments of science and art than any that has been accomplished throughout all the previous centuries of the world's history. "Has," then, "the art of medicine advanced during the present century?"

After an interesting allusion to Cullen and Brown, and, *à propos* of Brunonianism, an amusing account of a visit he paid to the Ospedale Maggiore, at Milan, in 1852, when he saw every third or fourth patient bled, and no stethoscope in use, Dr. Gairdner dwells for a brief space on "The Hippocratic Tradition:—Blood-letting." Here he points out that Hippocrates was probably much more

\* *Homoeopathic Review*, vol. xix., p. 589.

† *British Medical Journal*, August 6th, 1887.

cautious in his use of blood-letting than were his successors. It was the teaching of Galen, founded indeed on that of Hippocrates, that "moulded the ideas of the later Greeks, the Arabians, and of the whole Middle Ages and revival of letters. And it was from Galen, far more than even from Hippocrates, that Cullen received, indirectly as well as directly, the body of traditional doctrine on which he worked by way partly of criticism, and the practice of blood-letting which he, like most of the men of his time, largely adopted."

As prefatory to an endeavour to form some estimate of the degree of stability to which medicine has attained in these latter years of the century, Dr. Gairdner describes what he terms the "Instability of the Medical Art in Cullen's Time."

"The eighteenth century was," he says, "a century in relation to the medical art of system building. \* \*"

It seemed as if the medical mind, oscillating between the claims of humoralism and solidism and vitalism, could find no resting place, but was constantly exposed to be drawn out of the path of traditional medicine by any new theory which presented a certain amount of apparent simplicity and plausibility, all the more if it contemptuously dismissed, as unworthy of serious study, the laborious and positive acquisitions of clinical and pathological facts which had, even then, been largely gathered in, especially by Morgagni, as to the natural history of disease; and this was exactly what the Brunonian system did. It represented the treatment not of one disease, but of almost all diseases as bound up with, and at the same time confined by, one formula or method of which the practical outcome was the copious administration of alcoholic stimulants and of opium."

Now, mark the immediately succeeding sentence.

"Substitute infinitesimals for the very palpable and potent remedies of John Brown, and exactly the same remark may be made of the homœopathic doctrine, also a revolutionary child of the eighteenth century. But on this subject I have no time to enlarge."

This, perhaps, is fortunate for Dr. Gairdner. It saves him the labour of proving that a system of treatment based upon a pathological theory entirely imaginary is the same thing as one having as its foundation a therapeutic induction from a large series of well ascertained facts! There is not, we assert, either in its origin, its

method, or its consequences the remotest analogy between Brunonianism and homœopathy.

Dr. Gairdner, in a footnote, states that he has very fully discussed homœopathy in its relation to medicine and medical history in the *Edinburgh Essays by Members of the University of Edinburgh* (1856), and also in relation to the personal history and character of Hahnemann in a small volume (long out of print) entitled *Medicine and Medical Education*. We regret that we are obliged to write of these productions from memory, refreshed, indeed, by reference to the *critiques* they called forth from the Editors of *The British Journal of Homœopathy* (vol. xv.), and the thoroughly dignified and pungent commentary upon the *Edinburgh Essay* by the late Professor Henderson. Dr. Gairdner objected to homœopathy at that time on much the same ground as that recently assumed by Dr. Lauder Brunton, viz., that it is "a universal and exclusive system." To this we have so lately replied that it is unnecessary for us to dwell upon it again. He denied that all possible relations between the symptoms of disease and those artificially produced by medicines were exhausted when these were stated to be "either similar, dissimilar, or contrary." As illustrating his meaning, he mentioned the symptom "blindness," and pointed to the numerous circumstances in which loss of vision might occur. "Of course," he remarked, "one case of blindness may be said to be similar to another case of blindness, and, in the ordinary homœopathic sense, it can scarcely be said to be similar to anything else." In presenting, in such a crude fashion as this, "the ordinary homœopathic sense" of the word "symptoms," Dr. Gairdner either had not understood Hahnemann's reference to the absolute necessity of comparing the totality of the symptoms of disease with the totality of those produced by a drug when seeking for a specific remedy—albeit, on nothing is Hahnemann more clear or more emphatic—or he was desirous of inducing such a state of intellectual blindness in his readers as should effectually prevent them ever seeing what homœopathy did really consist in. Having so far shown himself to be a thorough partisan, one quite incapable of appreciating evidence he is unable to contradict, he further, in the same essay, displayed his powers of so manipulating statistics by attributing

“fraud” and mendacity to the compilers of them, as to represent the treatment of disease by homœopathically-selected medicines, as being exactly what he wished to make people believe that it was! How determined he was to throw dust in the eyes of his readers on the subject of homœopathy, was made especially conspicuous by a pamphlet published in reply to the *critique* in the *British Journal of Homœopathy*. He had made it his business to show that the statistical results of homœopathic treatment compared unfavourably with the statistical results “under the ordinary methods.” And this is the way he did it. Well knowing that at the Vienna Homœopathic Hospital, with its mortality of 6.25 per cent., cases of *all* kinds, including contagious fevers and organic diseases, were admitted, he compared the mortality there with that occurring at the Canterbury Hospital, where, by a special rule, all infectious or contagious diseases, or consumption, or dropsies in their last stages, or any that were evidently incurable, were refused admission; while besides all who had been in the hospital eight weeks were discharged, unless there was a prospect of their being relieved if they should remain in it a reasonable time longer! The mortality of this hospital being 2 per cent., Dr. Gairdner calmly compared it with the  $6\frac{1}{4}$  per cent. mortality of Dr. Fleischmann at Vienna, in a hospital which had received no less than 1,246 cases of continued and typhoid fevers and small-pox alone; besides 98 cases of pulmonary consumption, 71 of which died in the institution. The deaths there from these diseases alone (not one of which was allowed to enter Dr. Gairdner’s model hospital) amounted to 251 more than half of all that occurred.

Dr. Gairdner had no hesitation in charging an honourable and accomplished physician, such as Dr. Fleischmann was ever admitted to be by all who knew him, with “fraud” in publishing his statistics—by what term we should like to know would Dr. Gairdner describe the comparisons of the returns of two institutions differing so widely in their regulations as to the class of diseases admitted as the hospital at Canterbury and that at Vienna? Will Dr. Gairdner plead ignorance of the Canterbury restrictions? Was not the fact of a mortality of only 2 per cent. occurring among the patients of a general hospital, in itself sufficient to arouse his



suspensions? Can he point to any hospital in the world receiving cases such as those admitted into Dr. Fleischmann's, which has a mortality of only 2 per cent.? If he could not, what could justify him in instituting such a comparison as this without enquiry?

The papers then in which he says he "very fully discussed homœopathy in relation to medicine and medical history," prove him to have been, on this question, a thoroughly untrustworthy partisan; one who handles the subject he pretends to discuss, not with any desire to arrive at the truth, but with a determination to prevent whatever of truth it may contain being elicited.

We cannot, therefore, feel any surprise that Dr. Gairdner should endeavour once more to obscure the truth of homœopathy by representing it as differing only in details from the very justly discredited and purely hypothetical Brunonianism.

What then, Dr. Gairdner now considers, is the *Direction of Modern Progress*? He here undertakes to show, "that the progress of modern medicine since Cullen's time has been in the direction of *stability*—a kind and degree of stability not possessed by the art of medicine in any previous step of its progress, not even in those 'dark ages' (as we call them) when it had the *prestige* of a kind of immutability, or as a theologian would call it, *orthodoxy*, founded on the overwhelming authority of Galen."

The great revolution in the medical treatment of fevers and inflammation, which has resulted in what is termed the antipyretic treatment—the chief feature of which is prolonged exposure of the body to cold water—Dr. Gairdner regards as being, "in all its various forms, as still under controversy."

Cod-oil, is it, he asks, a specific or merely a food? Regarded as a therapeutic agent must it rank as food or medicine, or as both? "These questions," replies Dr. Gairdner, "cannot be adequately answered now."

Rapidly referring to chloroform, hydrate of chloral, urethan, butyl-chloral, paraldehyde, "the condensed forms or alkaloids of the older narcotics, so immensely convenient, but also so powerful for mischief," to the bromides, to "the modern use of digitalis, strophanthus and other cardiac tonics, and again the use of nitrite of

amyl and of nitro-glycerine in angina pectoris," he concludes his *résumé* as follows:—

"Who is there among you that doubts (for I certainly do not) that, in these, when well employed in judicious and well instructed hands, we have obtained a very distinct and very valuable addition to our resources in cardiac diseases? And yet, is there any one of you who will expect me to prove this in an unassailable manner, to the satisfaction of a sceptical friend or foe within the limits of the present address?"

After expressing his personal opinion, that the benefit to be derived from the salicyl compound in acute rheumatism is "very satisfactorily established," he asks, "will anyone say that my simple assertion of this can reasonably outweigh all the sceptical or contradictory statements on this point, which it might be expected to call forth?"

All this, it must be remembered, is set forth by Dr. Gairdner to show that the progress of modern medicine is "in the direction of stability." His commentary upon the evidence he has adduced is as follows:—

"In considering stability, therefore we have, not only to lay our account with possible new discoveries, but also with the perhaps unknown or unappreciated dangers attaching to practices now vaunting themselves in the full sunshine of apparent prosperity and success. While, therefore, I have, and profess the most entire faith that the efforts of hundreds of young and enthusiastic workers are being fruitfully directed towards a science of pharmacology, on the joint bases of experimental research and scientifically-directed observation, we are still, I fear, too much in the transitional stage to allow of many of these researches being adduced in evidence of the increasing stability of the medical art. Rather, it might appear to some, even of ourselves, as if the multitude of new remedies which come to us from all the ends of the earth, the too brief reputation of some of these, and the evidently over sanguine estimates of others, are the proofs of an unrest which is quite the reverse of stable; which cannot be satisfied with the old remedies, old prescriptions, old methods of cure; but, holding itself bound to drive on the *currus triumphalis* of modern therapeutics, at all costs, is likely to land us once more in a new series of controversies such as attended the famous work of Basil Valentine, on the healing virtues of *antimony*, perhaps three hundred years ago.

"But," continues Dr. Gairdner, "I hold, and have never ceased to hold as a teacher of medicine, that all this fermen-

tation, so to speak, of opinion with respect to current remedies and modes of treatment, all these tokens of unrest and dissatisfaction are, in reality, an advantage to the medical art, and tend both towards progress and towards stability; an altogether different kind and measure of stability, however, from that implied in the authority of Galen, or the traditions of the Greeks and Arabians."

Having thus shown how the stability of the medical art is reflected in a "fermentation of opinion with respect to remedies and modes of treatment," Dr. Gairdner concludes his address by dwelling on three points, upon each of which there is a fairly complete amount of stability in the teaching and practice of the medical art.

1. *Hygienic Remedies*—by which Dr. Gairdner means improved sanitation—are felt by all to have been the means of preventing much disease, though we do not think that they can be said to have influenced the cure of disease when once it has occurred.

2. *Self-healing Processes in Acute Diseases: Abuses of Venesection*. After a very interesting, albeit somewhat appalling, account of the extent to which venesection was carried during the first half of this century, and a complete admission that the so-called remedy was not only useless but injurious, Dr. Gairdner says "the great, because permanent, step in advance has been in reaching the conviction, founded on experience, that a simple, almost a hygienic, treatment of the most acute diseases may also be one of a very moderate or low mortality."

3. *Epidemic Fevers: Alcoholic Stimulation*. Here Dr. Gairdner adduces the complete abandonment of alcohol in the excessive quantities commonly used, within the thirty years last past, as the basis of the routine treatment of fevers, and, indeed, of most acute diseases, as an instance of the increasing stability of the medical art.

We cannot pass from our *résumé* of Dr. Gairdner's address without quoting from it the flourish of trumpets with which in conclusion he heralds forth to a responsive and, we should suppose, readily satisfied audience, the items of progress in the medical art which have occurred since the time of Cullen.

"Hygiene and sanitation, with their reflected influence on curative medicine, have advanced by leaps and bounds; and even in the application of strictly therapeutic methods, the

changes, though not so easily stated or so palpably appealing to the judgment of public opinion (inasmuch as quackery always is, and always will be, more self-asserting than truth) are all in the right direction. Polypharmacy, in its old and irrational forms is now nearly gone. Hardly any one of intelligence supposes now-a-days that a disease is to be slain by a mere prescription or Latin formula. A science of pharmacology, or of the uses and actions of medicines, is being built up upon a foundation that was never even possible before the present day; and which, beyond all question, will render this, the least satisfactory department of the science of healing, far more secure in the future. The mere simplification in the forms of remedial agents, and the mitigation accordingly of old, inexpressibly repulsive and nauseous manners of prescribing them wholesale (which incurred the ridicule of Molière two centuries ago, and yet lived on into almost our own day) represents an advance by no means devoid of importance, as regards the comfort of the individual patient, and the peace of our families and, especially of our nurseries. Nor is the immense relief to human suffering by the use of anæsthetics, rightfully employed, and even of narcotics and anodynes in greatly improved forms of administration, to be lost sight of even in the most brief allusion to the modern use of drugs."

In this address we see clearly stated both the stability and the instability of the medical art as taught in our medical schools. Its stability is negative, and consists in its abandonment of the former neglect of hygiene, in its having relinquished and seen the evil of venesection, and in its renunciation of alcohol as a food and means of sustaining life during acute disease.

Its instability is positive, and is seen in the fermentation of opinion regarding current remedies and modes of treatment.

All that has, according to Dr. Gairdner, contributed to a progressive stability in the medical art during the last fifty years, was strenuously advocated by Hahnemann more than fifty years previously. He it was, who was among the first, if not indeed the very first, to insist on the importance of pure air, pure water, and regular exercise in the open air in maintaining health; to direct attention to the causes of epidemic diseases, and the methods to be pursued in preventing their occurrence; he, in short, it was who first drew attention to "hygienic remedies." \*

\* "The Friend of Health." Frankfort, 1792. *Lesser Writings*, p. 191.

In 1790, Hahnemann described bleeding in nervous fever—what we now understand as typhus or typhoid—as acting as a poison.\* Writing to Dr. M. Müller in 1832, Hahnemann stated that he had given up bleeding thirty years previously.† Furthermore, it is well known that it was chiefly, if not exclusively, because Hahnemann had repudiated blood-letting as being both unnecessary and injurious, that in 1836 the Medical Society of London refused to entertain the discussion of homœopathy when a paper upon it was presented to it by Dr. Uwins, and supported by Mr. Kingdon.

With regard to alcohol, we know of no particular expression of opinion upon its use in practical medicine by Hahnemann. In his day the notion that it was a food had not been broached. Brown, indeed, had urged it as a remedy—well nigh a universal remedy—and Hahnemann it was who in Hufeland's *Journal* in 1801, wrote a most masterly criticism of the so-called system of the opponent of Cullen—a criticism, which in a footnote Hufeland describes as “the unprejudiced opinion on this subject of a practical physician of matured experience and reflection.”‡ And again in the course of another essay published in Hufeland's *Journal* in 1809, entitled “*The Three Current Methods of Treatment*,” Brunonianism is exposed in Hahnemann's most searching and caustic manner.§ Hence we may fairly conclude that Hahnemann was nearly a hundred years ago, as alive to the inutility of alcoholism as a remedial measure as any physician of our own time can be.

Then, secondly, what is the cause of “opinion as to current remedies and modes of treatment” being in a state of “fermentation,” and in so far rendering the medical art unstable? We may see this cause as plainly as possible both in Dr. Gairdner's address and in that of Dr. Whitla. In both it is made as clear as anything well can be made, that there exists—at least there appears to the members of the British Medical Association to exist—what the *Journal* of the Association described three years ago as “that wide and deep gulf which has always been fixed between the pharmacologist, labouring to

\* *Translation of Cullen*, vol. ii., pp. 125, 267.

† *Amcke's History of Homœopathy*, p. 67.

‡ *Lesser Writings*, p. 405.

§ *Ibid.* p. 93.

elucidate the mysteries of the subtle action of drugs upon the complicated and intricate human organism, and the therapist struggling to apply these results to the successful treatment of disease."

How comes it, for example, that though admitting the value of *digitalis*, *strophanthus* and other cardiac tonics when "well employed in judicious and well-instructed hands," Dr. Gairdner is unable to prove "in an unassailable manner" that they constitute a distinct and very valuable addition to our resources in cardiac diseases? Often as *salicyl* compounds have been of late years employed in acute rheumatism, how is it that we continually hear of sceptical and contradictory statements as to their utility? Why, in dealing with possible new discoveries, have we to lay our account with "unknown or unappreciated dangers" attaching to them? How can it be, that, while "the efforts of hundreds of young and enthusiastic workers are being fruitfully directed towards a science of pharmacology, on the joint basis of experimental research and scientifically directed observation," we are "too much in the transitional stage to allow of these researches being adduced in evidence of the increasing stability of the medical art?" Why should it be that the reputation of "the multitude of new remedies which comes to us from all the ends of the earth" is so brief, and that the estimates formed of others are evidently over sanguine?

These are questions that must be replied to ere the first efforts to render the medical art stable can be commenced.

Before entering upon their discussion, we will briefly examine Dr. Whitla's Address at the opening of the Section of Pharmacology and Therapeutics which renders even clearer still the existence of the wide and deep gulf, which, the *British Medical Journal* asserts, has always been fixed between the work of the pharmacologist and that of the therapist.

In his opening sentences, Dr. Whitla takes a very restricted view of the pharmacological field. He describes it "as a science dealing with the results of experimental researches upon the lower animals." Experimental researches upon the lower animals have a value, it is true; but it is a value of a very subsidiary quality, when compared with experimental researches upon man. Dr.

Lauder Brunton, even, admits that such experiments are desirable, in order to ascertain the finer shades of the action of drugs ; because, it is in man alone that they can be detected. (*Pharmacology, Materia Medica and Therapeutics*, 3rd ed., pp. 51, 52). To be of any real, substantial value to the practising physician, pharmacology must be studied with man as the medium of experiment. Neither is such a necessity at all unreasonable, seeing that it is for the advantage of man that experiments of this kind are undertaken, and that it is to man that these results are to be applied.

Of what value, after all, is pharmacology studied in the very limited way that Dr. Whitla proposes? Here is his estimate of it. "The results of pharmacological labour," he says, "are often of very little value until elaborated, tested and purified from their dross at the bedside by patient and repeated clinical observation. The real work sometimes only begins where the pharmacologist leaves off. . . . Years of careful clinical observation and experience are often needed for the laying down of correct rules by the practical physician or therapist, before the discovery of the pharmacologist can be of much value." After mentioning some active vegetable substances which have been found to produce "certain definite and similar effects upon the healthy heart," Dr. Whitla exclaims, "What a vast field of clinical experience and what innumerable observations by hosts of patient observers," (he says nothing about the patient sufferers!) "must be recorded, before the physician can expect even to know which of these remedies is the most valuable, and under what conditions certain members of the group are indicated, whilst others are forbidden in the treatment of the diseased organ. This is true of the great bulk of our new drugs. We are only familiar with their most evident and striking action, and we cannot expect for years to really know all we should about them, till innumerable observations at the bedside reveal to us their value in the ever varying conditions of diseased processes."

The width and depth of the gulf which is supposed to exist between pharmacological investigations and their practical application, are here set forth in all their magnitude. If a pharmacological research requires to be supplemented by such a lengthened clinical research



upon sick people, wherein, we would ask, does the utility of any pharmacological research at all consist? Dr. Whitla would, indeed, seem to have asserted (if not exactly to have demonstrated) its practical worthlessness! After listening to such an outcome of pharmacology as this, Dr. Gairdner's "most entire faith that the efforts of hundreds of young and enthusiastic workers are being fruitfully directed towards a science of pharmacology" must have received somewhat of a shock! Before pharmacology was heard of, at least in these latter days, some one cynically described the art of medicine as being "founded upon conjecture and improved by murder." How will it be described now that the British Medical Association has instituted a section devoted to the study of pharmacology? Possibly somewhat in this way—"the art of medicine is founded upon experiments on cats, dogs and frogs, and improved by experiments on human beings." Leaving the cats, dogs, and frogs out of the question, we must express our deep sympathy for the unsuspecting human beings!

Dr. Whitla's teaching shows, what indeed amounts to a truism, that we may have the most complete knowledge of the action of a drug so far as it influences the health and structures of cats, dogs and frogs, and yet be entirely ignorant as to how to employ this knowledge at the bedside. This ignorance it is that is at the bottom of the "instability of the medical art," which Dr. Gairdner dwells upon. The lack of knowing how to apply pharmacological facts it is that renders the reputation of new remedies so brief. Hence arise the "unknown or unappreciated dangers" in dealing with new discoveries.

Is it reasonable, that, after a prolonged research on the action of a drug, our first employment of it should be a "leap in the dark?" If so, what is the use of the research?

Dr. Gairdner "recoils instinctively" from the idea that any "exclusive or single principle or law of the healing art can be said to exist. The action of remedies, the resources of hygiene and of preventive medicine, refuse," he says, "to submit to any formula comparable in simplicity with that of the law of gravitation."

In the *Edinburgh Essays* he showed considerable ingenuity in mixing up things that differ from each other,

and arguing from them as if they were precisely alike. Here he does so again. There is no analogy between "the action of remedies" and the "resources of hygiene and of preventive medicine." It is with the action of drug-remedies that the pharmacologist is alone concerned. Now, Dr. Gairdner may "recoil instinctively" or otherwise from the idea that any single principle or law of the healing art exists, but there is such a principle, and until this principle is recognised and acted upon to the fullest extent to which it is capable of being acted upon, the medical art will remain unstable, the work of the pharmacologist will continue to be of very little value.

Dr. Whitla's proposed remedy for rendering pharmacological research useful is to invite the members of the British Medical Association to record in their *Journal*, through a committee, the systematically observed effects on disease of some particular drug or drugs. This is all very well, but on what reasonable basis is the drug inquired about to be prescribed in the first instance? Again, suppose that only illustrations of its employment successfully are given, to what will they point? That in a disease bearing a given name, the patient taking it recovered in a certain number of instances. Against this, if unsuccessful illustrations of its use were admitted, there would presently arise a host of witnesses! This indeed has occurred already. Look at the history of *bromide of potassium* and of the *salicyl* compounds in the treatment of epilepsy and acute rheumatism alone! Observe the "sceptical and contradictory statements" regarding them with which the pages of the medical journals have been loaded of late years.

*Exempli gratiâ.* Writing in the *British Medical Journal* (November 6th, 1876) regarding *bromide of potassium*, Dr. Cole, of Bath, says, "In what diseases is it not used, and with what signal success too, according to its advocates? Some time ago I collected notes on this drug, and was astonished to find what a panacea it was. I almost felt we had found something as valuable as potable gold, but I discovered that its many virtues were denied by very competent persons, and my heart melted within me, and the golden dream vanished."

The medical art can never acquire any real stability, directly, from such a collection of matter as that pro-

posed by Dr. Whitla. Such a collection may, nevertheless, be made useful; but that it may be so, the possibility of there being doctrine in therapeutics, of a single principle or law of the healing art existing, must be admitted. Pharmacological research, properly directed, shows the effects a drug produces in health. A fairly sufficient number of observations of this kind will give a proportionate amount of accurate knowledge respecting its action. Let, then, a number of practitioners prescribe this drug simply, uncombined with any other, in cases of disease, and record their results after the manner proposed by Dr. Whitla. Finally, let the successful cases, and then those which were uninfluenced by the medicine, be compared with the effects shown by it when being studied pharmacologically, for the purpose of ascertaining whether there is any, and if so, what, constant connection subsisting between the two classes of effects.

In this way, Dr. Whitla's proposed collection of cases would have a distinct value, and researches so conducted would not need "years of careful clinical observation and experience" ere correct rules could be laid down by the practical physician or therapist, which would render the discoveries of the pharmacologist of much value.

Such research is indeed unnecessary, and, save to bring conviction to the minds of those who "recoil instinctively" from the idea of there being any principle to guide us in the prescription of drugs, the actions of which have been thoroughly studied, is quite uncalled for. A research of this kind was commenced in 1790, and has been proceeding ever since. Its pursuance, during six years, convinced Hahnemann that, in the old Hippocratic formula, *similia similibus curentur*, such a principle was to be found. The evidence that he was right has been accumulating from that day to this, and was never so extensive as it is at the present moment. Dr. Gairdner has contributed to it, not willingly or intentionally, but none the less distinctly. If one thing is more characteristic of the influence of *antimony* upon the body than another it is that it produces extreme weakness and exhaustion. Dr. Gairdner, in his *Clinical Lectures* (p. 643) says: "In general, I regard the ordinary physiological action of *antimony* as quite opposed

to its therapeutic action." In other words, the condition it cures is precisely like that it produces, while its "action" in curing must be precisely opposite to that it exerted pathogenetically. Whenever evidence exists of the physiological action being produced in a person taking it medicinally, Dr. Gairdner goes on to say, "I make it a rule, either to suspend the remedy or diminish the dose, believing it to be on the whole much safer to forego the possible advantage of the antimonial medication than run the least risk of superinducing the least degree of poisonous action." He then illustrates the curative sphere of *tartar emetic* by the case of an enfeebled and exhausted patient. He says, "In this case, as in several others of a similar character, which have occurred to me, I ventured, notwithstanding the extreme weakness and exhaustion of the patient, upon the administration of *tartar emetic* in small doses, along with diffusible stimulants, and was rewarded by seeing the remedy produce its best effects, viz., a therapeutic without the least trace of a physiological action. The dose should rarely exceed one-tenth or one-twelfth of a grain to begin with in such cases, sometimes even less." Here we have Dr. Gairdner testifying to the curative power of a homœopathic medicine. Dr. Gairdner did not probably choose it because it was homœopathically indicated, why, indeed, he did select so well known a depressant to cure depression we cannot say, but of this we are certain, that, many a thousand times before he wrote, *tartar emetic* had been prescribed in such a state with equally good results simply because it produced one very like it. Dr. Gairdner gave, too, what he would regard as a small dose, but nevertheless it was one unnecessarily large, as is seen in the fact that in order to prevent the development of its physiological action, or what Hahnemann would have termed, an "aggravation," he was obliged to give it in combination with a diffusible stimulant.

The relation subsisting between the symptoms produced by *tartar emetic* in health and those it cured in Dr. Gairdner's patient is exactly the same as that presented by all admitted specifics and the diseases they cure. "We have then a perfect right to say that in this class [of diseases] the administration of the remedy, and the relief from the malady for which it is given, stand to one another in the

relation of cause and effect. If this be true of one specific, it must be equally true of a thousand or a million, in other words it must be universally true, if true at all. Causation is never capricious, and once admit that a specific causes a cure, because it is specific, it requires no great exertion of logic to perceive that whenever we discover a specific, it will cure its disease. The proposition, then, of the universality of the law of the cure of diseases by their specific remedies, is little else than a truism, the idea of cure being involved in the term specific. . . . Does it follow because a specific universally cures its disease that it *therefore* always does so? At first sight, the two propositions seem interchangeable, but there is all the difference in the world between them; the first applies to the general nature of specifics, the last to their particular application.”\* The principle which guides us in the selection of specifics may be, and is, true, and universally true wherever it is possible to apply it—“but to require that we should have no failures, if the law of the curative relationship be true, is to impose upon fallible man an infallible accuracy.”†

Further, there are cases of disease in which ill-health ceases on the removal of the cause—a stone in the ureter or bladder, one in the cystic duct, a tape-worm in the intestines, an acarus in the skin, an indigestible mass in the stomach; here specifics are not applicable—*quæ præsens facit morbum, sublata tollit*. Again, there are cases to which, so far as our present knowledge goes, there are no specifics—alterations of structure creating excessive pain and suffering; here palliatives, antipathic palliatives are all we can command to give our patients relief. Outside of such cases as these, cases which after all constitute but a small minority of those coming within the range of general practice, specifics are applicable, and, moreover, specifics may be found by bridging over the deep and wide gulf between the work of the pharmacologist and that of the therapist with the principle of drug selection—*similia similibus curentur*.

Let those who protest against homœopathy on the ground that it “is a universal and exclusive system,”

\* *Brit. Jl. Homœopathy*, vol. xv., p. 275.

† *Ibid.* p. 276.

that it "professes to meet the case of every curable disease" (Gairdner, *Edinburgh Essays*), try to make use of it in prescribing and see how far it will carry them. They will never regret having done so, at any rate their patients never will. Rejecting homœopathy on such a ground as this is tantamount to refusing to inquire into something because it is so heralded by those who have tried it as to appear "too good to be true!"

In conclusion, to render the medical art stable, to obviate all apprehension of unknown and unappreciated dangers in dealing with new remedies, to be able to estimate aright the reputation of a proposed medicine and to render that reputation enduring—what is required?

1. The study of pharmacology must be extended. Experiments on man must be substituted for experiments on cats, and dogs and frogs. There is here no Act of Parliament to intervene between the scientific observer and the sentimental philanthropist. Let "the hundreds of young and enthusiastic workers" study the effects of drugs upon themselves. They will find no better method for doing so than that described, after long experience in this kind of observation, by Hahnemann in *The Organon of the Healing Art* (§§ cxxi. cxxvii.).

2. The instinct to recoil from the idea of there being a principle connecting the work of the pharmacologist and that of the therapist must be kept under. That principle, the value of which is testified to by thousands of physicians in all parts of the world, that principle which has led to the discovery of thirty per cent. of the indications for the use of remedies set forth in Dr. Lauder Brunton's *Index of Diseases and Remedies*—the principle *similia similibus curentur*—must be tested in selecting medicines in disease.

The study of the actions of drugs on healthy men and women, their use in disease, in accordance with this principle, and their administration in small doses, will, we contend, give to the medical art a degree of stability throughout the entire profession it never has had yet, save with a portion of it. Nothing short of this will do so.

## HOMŒOPATHY OR ANTIPRAXY?

By R. E. DUDGEON, M.D.

BEFORE we abandon *homœopathy* for *antipraxy*, and before we change our therapeutic rule *similia similibus* for *contraria contrariis* at Dr. Sharp's bidding, it would be desirable to have a few points cleared up and some evidence given for the innovations proposed by Dr. Sharp.

And first, as regards *organopathy* or the "localisation of disease," which Dr. Sharp tells us he discovered, or at least revealed twenty years ago, and which constitutes one of the bases on which his system rests. Is it possible to localise diseases? As regards many diseases their name indicates their locality, as peritonitis, pleuritis, pneumonia, meningitis, endo- and pericarditis, hepatitis, cystitis, metritis, phlebitis, keratitis, &c., but organopathy has had nothing to do with the localisation of these diseases. But how about such diseases as diabetes, variola, scarlatina, typhus, scrofula, gout, rheumatism, syphilis, scorbutus, measles, ague, and a host of other so-called general diseases, what has organopathy done for the localisation of these diseases? And must we wait till they are localised before we can venture to treat them? And if not, what is the use of organopathy if we are unable to determine which organ we are to attack in our treatment? And so with medicines. Can we specify the precise organ acted on by our medicines when we prove them on the healthy? In some cases of poisoning, the *post mortem* examination shows one or several organs more or less altered from the normal state, and some of the objective symptoms of our provings sufficiently show irritation of internal organs and tissues, but in how many cases are we not unable to connect the symptoms observed during life with any particular organ? I have no hesitation in saying that we are unable to refer many striking symptoms and groups of symptoms to any particular organ. What then are we to do? Are we to speculate on the particular organ involved in diseases and the particular organ acted on by medicines, before venturing to employ the one for the cure of the other? But this is precisely what Hahnemann denounced as the fatal error of the medical doctrines of his day. Are we to take this backward step into the dark ages of medicine in order to be able to practise organopathy?



Then as regards *antipraxy*, which is founded on the "fact" of the contrary action of large and small doses of medicine. Dr. Sharp nowhere tells us what are large and what are small doses of medicine. He is never tired of blaming Hahnemann for his vagueness, but what can be more vague than the expressions "large" and "small"? Then as to the evidence of the contrary actions of large and small doses of medicine, what does it amount to? Some insignificant differences in the number of beats per minute of Dr. Sharp's pulse after taking different doses of some medicines. Others who have repeated his experiments, have not obtained the same results. But let us suppose that these contrary effects on the rapidity of the pulse by different doses were undoubted and invariable? How would that show a contrary effect of the larger and smaller doses of the medicine in its specific action? Are the effects of any medicine limited to influencing the rapidity of the pulse? We may safely say that the alteration of the rate of the pulse, to the extent it was altered in Dr. Sharp's experiments, is without any signification at all, and has little or nothing to do with the specific action of the drug. And further, I maintain that the contrary of the specific actions of most drugs is not conceivable. Indeed, the contrary of most single symptoms is inconceivable. What is the contrary of vertigo, of neuralgia, of a headache, of a colic and of hundreds of other symptoms that will readily occur to the reader? The fact is that a medicine produces its specific effects on the healthy human organism in both large and small doses. Some persons are so insensible to the action of medicines that they require larger doses to elicit their effects, while others are so sensitive that very small doses will suffice. But the large and the small doses do not produce contrary effects in these two classes of provers. *Mercury* causes sore gums, salivation, aching teeth in both. *Belladonna* causes congestion, headache, dilated pupils, dry mouth in both. *Aconite* causes febrile symptoms and neuralgia in both.

Contrary actions of medicines are only thinkable in reference to the increase or diminution of excretions, such as saliva, mucus, urine and fæces, the acceleration or slowing of movements such as respiration and cardiac action, and the enlivening or dulling of sensation and certain cerebral functions; but all these contrary actions

may occur in the primary and secondary actions of the same dose of drugs whether that be relatively large or small.

Dr. Sharp blames Hahnemann for not having indicated the doses of the drug that caused the different symptoms in his pathogeneses, and I admit that it would have been more satisfactory had he done so ; but the omission is not of much importance in practice, for no homœopathic practitioner would hesitate to prescribe a medicine whose symptoms corresponded with those of the disease, whether these symptoms were caused in the original prover by large or by small doses. The dose which causes a marked action on a very sensitive prover will have no effect on a less sensitive one, and the dose required to produce medicinal symptoms in the latter will perhaps act too violently on the former. Therefore in provings it is misleading to talk of large and small doses. That dose is adequate which develops the specific effects of the medicine, in one it may be drachms or ounces, in another drops or fractions of drops. A cursory examination of the provings in the *Cyclopædia of Drug Pathogenesis* will convince any one of this. Some provers, indeed, as will be there seen, seem to be equally sensitive to large and small doses, but the different doses do not develop contrary but identical effects.

But supposing Dr. Sharp's idea was correct, and that diseases could only be cured by the administration of a small dose of a drug for morbid states (the seat of which in some organ or other is to be discovered by some intuitive process known to organopathy) resembling those caused in the healthy by large doses of that drug (let us waive for the nonce the question of what are large and small doses, and take for granted that we know all about that), where are we to find records of these effects of large doses which alone we are to use? Hahnemann, in his *Materia Medica*, gives us no means of discriminating which are the symptoms produced by small, which by large doses, and Dr. Hughes has shown it to be very probable that most of the symptoms in the pathogeneses of the *Chronic Diseases* resulted from small doses, therefore these are of no use to the anti-praxist. Then our manuals of homœopathic *Materia Medica*, and our repertories mostly throw no light on the dosage of the provings ; so what is the bewildered anti-

praxist to do? Must he wait until all the medicines are reproved, and only in large doses—for to make provings with small doses is useless from his point of view—he does not want to know what effects small doses have on the healthy human subject, big doses alone interest him.

But we have all been practising very successfully with the indiscriminating *Materia Medica*s and repertories we possess, and even the arch antipraxist himself has done very well without knowing or caring what symptoms were caused by large and what by small doses. Then why, may I ask, should we change the very efficacious and practical method Hahnemann taught us, and we have pursued with satisfaction to ourselves and our patients, for this new-fangled *antipraxy*, which is founded on a non-existent antagonism of action of large and small doses, and this old and discredited *organopathy*, which is a revival of the futile speculations respecting the proximate cause of disease, and of the symptoms caused by the action of drugs, which have proved the *ignes fatui* of medical science, and have kept therapeutics at the low level of an empirical or a purely conjectural art.

On the whole we prefer our old homœopathy, with its plain and intelligible therapeutic rule *similia similibus curentur*, which postulates no hypothesis, but is a simple deduction from facts, to the new *antipraxy* which is based on no intelligible facts, and is founded on a hypothesis, demonstrably false, that medicines have opposite actions in large and small doses.

May I take the liberty of pointing out that the definition of homœopathy given in the article on Dr. Brunton's explanation in a former number of this *Review*, which Dr. Sharp quotes, viz.: "That homœopathy consists in giving for the cure of disease a small dose of a drug which will in a large dose produce symptoms similar to those of the disease to be cured" is not strictly correct? It should rather run: "Homœopathy consists in giving for the cure of disease a medicine which can cause symptoms on the healthy similar to those of the disease to be cured." Small and large doses are out of place in a definition of the homœopathic law. The rule for the dose only refers to the therapeutic use of the drug, and is the outcome of experience. It may be formulated thus:

“The remedial dose of a drug should only be of sufficient strength to produce its therapeutic or curative, but not its pathogenetic effects.” On the other hand, the rule for the dose of the drug in provings is: any dose which is sufficient to cause the specific peculiar effects of the drug, but not strong enough to develop its merely irritant, chemical or mechanical effects.

That the homœopathic medicine given in disease acts in an opposite or contrary manner to the symptoms of the disease, and consequently to the symptoms the medicine can cause in the healthy organism is a truism, and though the dose we give to cure the disease is usually smaller than that employed to excite symptoms on the healthy, it is not necessarily nor invariably so, but even if it were, this would afford no corroboration to the anti-praxic theory, which postulates the antagonistic action of large and small doses on the healthy, and which, Dr. Sharp himself tells us, “is independent of disease and has no necessary connection with therapeutics.” (*Therapeutics founded upon Organopathy or Antipraxy*, p. 127.)

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### LETTERS OF HAHNEMANN TO A PATIENT.

A LITTLE book has recently been published at Tübingen by Dr. Bernhard Schuchardt, of Gotha, containing a series of letters written by Hahnemann between the years 1793 and 1805, to a patient, who seems to have been a tailor in Gotha. The patient only died in 1851, at the age of 92, and he probably profited by the good advice and treatment of his physician.

The letters, of which we propose to give a selection, have never before been published. They were written at an interesting period of Hahnemann's career. It is well known that Hahnemann's first conception of the therapeutic law with which his name is inseparably connected occurred in 1790, while engaged in translating Cullen's *Materia Medica*. Being dissatisfied with Cullen's explanation of the mode of action of cinchona bark, he tested the medicine on his own healthy body, and found it to produce an attack of fever resembling a fit of ague. Between that date and 1810, when he published the first edition of the *Organon*, in which the homœopathic therapeutic rule is fully developed, he was continually

engaged in collecting the data from which he deduced the rule of practice which his adherents regard as a rule of general application, and which even his opponents now allow to be one of partial application. In the earlier letters we note that his practice does not seem to differ much from that in common use, but the later ones show a gradual departure from ordinary methods which he criticises severely and condemns as hurtful, while his own treatment gradually approaches the character of the method he enjoins in the work he published five years after the date of the last letter; the last two letters, with their one drop doses rarely repeated, showing that his treatment was entirely different from that ordinarily practised.

The editor of this little work gives us the history of Hahnemann's career as an alienist. Hahnemann's friend, R. Z. Becker, the editor and proprietor of the *Anzeiger*, published an article in that periodical describing, probably at the suggestion of Hahnemann, a model asylum for the treatment of insane persons of the upper ranks of society. The wife of F. A. Klockenbring, secretary to the Chancellery of Hanover, (who seems to have been driven mad by a lampoon of Kotzebue, and who had been treated without benefit for a long time by Wichmann of Hanover), having read the article in the *Anzeiger*, desired to have her husband treated on the plan there recommended. She was referred to Hahnemann, who then resided in Gotha, and who consented to take her husband under his care. Hahnemann had no place where he could receive insane patients, but the reigning Duke of Gotha, who seems to have been very friendly to Hahnemann, gave up to him a wing of his hunting castle at Georgenthal, at the foot of the Thüringer Wald, 9 miles from Gotha, and had it fitted up as an asylum. To this improvised asylum Klockenbring was brought in June, 1792, and placed under Hahnemann's care. The treatment was so successful that Klockenbring returned to Hanover cured in March, 1793. For this cure Hahnemann received a fee of 1,000 thalers (£150), in addition to the expenses of the patient's keep. Hahnemann does not seem to have treated any more insane patients in the Duke's castle\*, which he

\* This seems to be proved by an observation of H. A. O. Reichards in his *Autobiography*. "On asking the witty judge of Georgenthal (W. H.

quitted in May of the same year. It would seem that the Duke gave him a hint to leave, as, no doubt, he required the castle for his own purposes.

The first letter is dated from the castle whence he had quite recently discharged his illustrious patient cured:—

“Georgenthal, April 22nd, 1793.

“My dear Mr. X——,

“You do well to write me full particulars; though you may consider some of the details of a trifling character, they are useful to me. No doubt worry has had a bad effect on you.

“Henceforward we shall arrange the treatment in this way, that you will get the powders\* again made up, but you will only take one every other morning. On the alternate days, take at the same hour in the morning 20 drops of the medicine here prescribed † in a teaspoonful of water, increasing the dose each time by two drops. On the evening of the day you take the powder, therefore every other day, take at bedtime one of the prescribed pills ‡ with a mouthful of water.

“Keep up your spirits, and take as much exercise as you can without fatigue.

“If you are in the habit of reading in the evening, cease to do so at present. It is not good for you, and it excites your nervous system. I do not approve of your reading even by day. I trust you may soon be better. Write as often as you please: I will answer when I think it necessary. You do not need to pay the messenger, I have made an arrangement with him.

“Dr. S. Hahnemann.”

“Georgenthal, May 6th, 1793.

“My dear Mr. X——,

“You see from your own experience what a bad effect reading, and indeed any mental exertion, has on your nervous system. Avoid it, please, until you are better, which you will be soon. The blood you spat only came from the mouth or the back of the nose, if it was not brought up by coughing; it is only by coughing that anything can come from the lungs, not otherwise.

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Jacobs) how many mad people Hahnemann had at that time in his asylum, he drily answered ‘One, and that’s himself.’” It is the fate of men far ahead of the age to be considered mad by those around them.

\* R. Pulv. Cortic. Peruvian. optim. ʒj, divide in 16 part. æqual. D. S., one to be taken between 9 and 10 a.m., mixed in a glass of wine.

† Elixir acidi Halleri ʒj.

‡ Of Extract. Hyoscyami.

“Be always moderate in eating, but I advise you not to be afraid of any kind of food. Variety in diet is very good for you.

“Take a walk between 5 and 6 p.m. before eating a little bread. An important point of diet, I may remind you, is rather to eat a full meal at mid-day, but not in evening. You should bear in mind that it is best to eat chiefly dry bread or a dry roll.

“If you have a feeling of tension in the chest, that is usually caused by flatulence in the stomach, nothing more!

“But in order to get on further with our treatment and so advance towards health, I will add the following directions to the remedies hitherto employed, and which should still be continued.

“Every morning just before you take your walk, strip yourself naked, put on a pair of woollen gloves, put on the table before you a basinful of fresh spring water, dip your gloved hands in it and standing up rub your whole body over with the wet gloves. The first day dip your hands twice in the water, after three days dip them three times, and afterwards more frequently. This rubbing or washing should only be done on the first days for a minute or while you can say a pater noster. Then dry yourself quickly, so that no moisture remains on the body, dress rapidly and go out without loss of time.

“I would advise you to dress yourself in the lightest clothes you have for your walk, let the weather be what it will. After the cold washing you will find that the best and most comfortable for walking in. Do this exactly as I have said; you will not regret it,

“Eight days after the first washing you may commence to rub yourself for two minutes, not sooner.

\* \* \* \*

“Increase the number of the drops until it tastes a little too acid, then keep to that quantity.

“I cannot allow you to visit me until I have changed my residence, which I shall do in ten or twelve days. I am coming nearer to Gotha. I will let you know where.\*

“Farewell, and rely on being cured.

“Yours,

“Dr. Hahnemann.”

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\* He removed to Molschleben, a village near Gotha.



“ My dear Mr. X——,

“ It will now be much better that you take your bath quite early, before the sun is powerful, and at once go for your walk after drinking a cup of coffee. You may eat a couple of rolls after your walk. Your strength seems still insufficient, so you had better discontinue sawing wood for the present.

“ I have no objection to your taking a pill every other night, but I believe that your sleeplessness is more owing to over-exertion and the heat of the weather, than to the pills. But we will continue them now only every other day.

“ Tell me if a single glass of wine makes you hot. If it does not then I would like you always to take one at dinner time.

“ As the itching has ceased do not take a hip bath at present.

“ Does your morning cup of coffee cause no commotion in your blood—no heat? Drink once or twice three cups and see what effect they have.

“ Don't forget to open the windows of your bedroom during the day, and of your working room at night.

“ Yours very truly,

“ Dr. Hahnemann.”

“ My dear Mr. X——,

“ It is evident from your last letter, as I suspected, that coffee does not agree with you, and that you would do well to diminish your morning allowance to one cup. After doing so for fourteen days, you may for the same length of time drink a cup every other day, and after that if possible leave it off altogether. Instead of it you may drink what you will—a couple of cups of boiled milk, or nothing at all, or a mouthful of water. But you ought not to discontinue the use of coffee more rapidly than I have said.

“ As regards wine, I see very well that you must be very moderate. But I do not wish you to leave it off altogether. As you no longer take the powders with their accompanying glass of wine, you may try every day at dinner a wine-glassful of half wine half water, and go on thus till I see you again.

“ If you can come here some day soon, and let me know the day before, I shall be much pleased. Continue to take the drops and pills.

“ You may now increase the drops, and that as rapidly as possible, so as to attain the largest portion the taste will permit. Then remain at that, and continue without change for several days, but get a fresh supply from the chemist's, and keep it for future use.

“ As regards bed clothes at night, you should adapt the quantity to your feelings, but you should rather lie cool than

hot. If you can avoid perspiring without much trouble, that would be advantageous.

"You do well to take the pills only every other night; should you be restless the nights you don't take a pill, then you might take one at night and see what effect it has.

"As regards exercise, you may increase or diminish that according to your feelings, always bearing in mind that exercise is necessary for your health.

"Do not make use of electricity at present, your system is too irritable for that.

"Tell me exactly how the morning washing agrees with you; I think you might now use it more vigorously.

"Above all be of good courage, it will all come right.

"Yours,

"Dr. Hahnemann."

"My dear Mr. X——,

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"I would like you to drink pure milk; you will by-and-by find benefit from it.

"Continue to take the drops as before. You do not need to drink more than your thirst requires.

"Observe if the toothache comes on from a chill after the bath. Get through with it quickly and energetically, use a good deal of force in rubbing with your hands, even when you have washed yourself all over. Dry yourself quickly and strongly; dress yourself rapidly and go for your walk. Do not be sparing of the cold water. I would prefer that you should pour the water all over your body.

"I send herewith a fresh supply of pills for you to go on with as before, and remain

"Yours,

"Dr. Hahnemann."

The following directions of the doctor on the 7th July, 1798, are written by the patient:—

"After having washed myself over with my hands in the morning, I should on the first three days pour three handfuls of water over me, and after three days an additional handful every day; after five days two additional handfuls up to ten handfuls, thereafter I should do the same with a jugful of water, and go on increasing the quantity up to 20 jugfuls. I should also wash my face and neck, and dip my face several times in water.

"Any morning, if my appetite is good, I may eat an additional roll, and at 3 p.m., if I have appetite, I may eat half a meal.

“ I should not drink my wine and water at dinner, but half and three-quarters of an hour thereafter. I should increase the drops every day by three until I come to 100, then go on with that amount, measuring that quantity, or thereabouts, in a spoon.

“ I am to take one day two pills, then wait two days, and the third day again two, and observe the effect.”

“ My dear Mr. X——,\*

“ I send you six pills, of which you will take one every morning if they do not cause you any great discomfort, and let me know how they act before you have taken them all.

“ Let me know if you have your electric machine in the house. I would very much like Secretary Kayser† to make a trial of electricity. Be so good as to help him to it. He is rather clumsy but deserves compassion. I would charge him with electricity, and draw simple sparks from the renal and cardiac regions. You should get him to come to you.

“ Yours,

“ Dr. H.”

“ My dear Mr. X——,

“ I am very glad that you have seen Mr. Secretary Schröder. He is an intelligent man. Get him to lend you a spark-drawer, the blunt end of which is cased in wood, and when you are charged with electricity let it be passed over all the weak parts through the clothes. This will cause conduction without your feeling it; he will tell you how to do it. But the machine must be very powerful in order to do you good. This drawing out of sparks must be done with the hand of another person. Let Mr. Schröder give you slight sparks with the Leyden jar, in order that you may learn how it is done. For when simple drawing out of sparks ceases to have any effect you must proceed to slight shocks.

“ You can apply to the chilblains in your fingers some petroleum, which you can get from the druggist.

“ Come soon to see me. For the enclosed thaler we will feel obliged to you to get for us some butter and six good sausages, and six groschen worth of the dark gray wool for the purpose of darning the women's stockings you sent us, and six groschen worth of the pale gray wool similar to that of the two pairs of children's socks.

“ Dr. Hahnemann.”

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\* This letter, which is undated, seems to belong to this period, though in the German book it is placed much further on.

† A Secretary of State in Gotha, in whom Hahnemann seems to have been much interested.

" My dear Mr. X——,

" You have done right to take only three pills ; we cannot go further with them. Your strength should now be restored ; but as long as you have uneasy dreams you should continue to take the night pills ; you may now take two if necessary.

" But I should like to know how it is with your gouty symptoms, whether the morning pills have had any effect on them. If possible increase your cold bath and douche yourself with a jugful.

" If the machine is in order electrify yourself as directed.

" Yours truly,

" Dr. Hahnemann."

" My dear Mr. X——

" When you were electrified did you stand on an insulator under which there was glass or rosin ? That is essential. You ought not to feel shocks ; the sparks may be drawn from you with the finger if you find that the ball makes too large sparks. And if this should cause heat, then let yourself be charged with electricity for a quarter of an hour only, whilst you stand on the insulator protected by glass or pitch, without having sparks taken from you. I have sent you a prescription for a powder, of which you will take every morning a heaped teaspoonful.

" We beg you to send us 45 plants of curly kale, 15 of kohlrabi, and 20 of blue cabbage—all with the roots. Enclosed are 16 groschen to pay for them, with thanks for the trouble.

" Yours truly,

" Dr. Hahnemann."

Molschleben, where Hahnemann lived at this time, is a small village not far from Gotha. He evidently desired these plants for his garden.

" My dear Mr. X——

" The reason why sparks cannot be drawn from you, is probably the weakness of the machine, or the stative on which you stand and on which you should be isolated has some dust or moisture upon it, or if it is a cake of rosin it has perhaps some cracks in it ; or if the stative has glass feet these are either cracked, or dusty, or moist. It must depend on one of these things, or maybe you have some pointed piece of metal about you, whereby the electricity escapes. If you cannot find where the fault is yourself, you must get an expert to examine it. Sparks can be drawn from a lifeless body, why not from you ?

“ You can now discontinue the afternoon drops, and instead take daily at the usual time a heaped teaspoonful of the powder in the accompanying prescription in anything you please ; it will act as a tonic. Only keep up your courage.

“ Yours truly,

“ Dr. Hahnemann.”

“ As merely charging yourself with electricity has no effect, you may now try drawing sparks from your body. Commence with a few, and go on increasing them. Do you still continue to take your bath and walk ?

“ Yours truly,

“ Dr. Hahnemann.”

“ My dear Mr. X——,

“ Although you have experienced no improvement as yet, from this time you must make progress. I do not give up. I hope too that you will do exactly as I tell you.

“ Go on with the powders and pills. But as regards your diet, that must be attended to henceforth. For the next eight days take only half as much meat and meat soup as you have been accustomed to take. When these eight days have elapsed tell me exactly how much of each you have consumed during the week, I will then send you further instructions.

“ Eat the rolls you have for breakfast henceforth without butter. For supper you should have only plain bread with a little salt, as much as you have appetite for.

“ Continue your exercise in the open air, but do not increase it. I should like you to try and get some genuine Hungarian wine. You may take daily a tablespoonful of it, at the time when you feel a particular want of strength.

“ I expect your answer at the time fixed. Put your trust only in God and me, and I rely on your sense and obedience, which has hitherto been exemplary. You will soon be better.

“ Yours truly,

“ Dr. Hahnemann.”

“ My dear Mr. X——,

“ I advise you to continue your morning drops, your evening pill and your bath ; leave off all the rest. But I would like you to try the electricity occasionally, in the same way as you lately used it, that is, merely charging yourself with electricity, but without drawing sparks. Do it once or twice a week. If it makes you worse you may leave it off, but if it does not do when used in that way, I advise you to try little shocks, they must not be bigger than the thickness of a straw.

"Keep up your courage, all will come right. If this does not do, I am not at the end of my resources.

"Yours, &c.,

"Dr. Hahnemann."

"My dear Mr. X——,

"Probably your toothache and other pains come from a chill. If they should persist or return, go to bed and take every quarter of an hour a cupful of elderflower tea, pretty strong, about two ounces of the flowers to a quart of boiling water. As soon as you experience relief to the pain or get into a gentle perspiration, leave off the tea.

"As regards bedclothes you must arrange that according to the weather, but you should always be covered in such a manner that you should not feel hot under the bedclothes, but on the other hand you should *never* feel cold. That would not be good.

"In place of the drops, which you may now leave off, every morning, at a convenient time, take of the enclosed powder as much as will lie on the tip of a penknife, rubbed on a piece of bread, or in water. If after some days it should cause constipation, leave it off for a day or two and take instead the acid drops. But if your bowels continue to act, even though scantily, continue the powder.

"As regards the night pills you must increase the number till you find that you get tranquil nights, then stick to that number.

"Continue the bath and do not alter its strength. Let me hear from you again. Keep up your courage and listen occasionally for a quarter of an hour to good music, or entertain yourself in conversation with your friends. Eat any nourishing food.

"Dr. Samuel Hahnemann."

"My dear Mr. X——,

"If the salt is not dissolved then add some more water until it dissolves, you should not throw any of it away.

"You may now diminish the quantity of the drops, taking 10 drops fewer every day until you come to 60 drops, then continue to take that quantity.

"What I told you about Reinicke is the truth. Nessler,\* too, keeps this medicine.

"Go on with the electricity and keep up your courage.

"I remain, yours truly,

"Dr. Hahnemann."

---

\* Two druggists in Gotha.

“ Directions on the 22nd September, 1794.”

*(In the patient's handwriting.)*

“ I must for a week have small sparks, and then gradually larger ones drawn from me, especially from the jaw.

“ I may take a douche-bath and a walk at noon again.

“ As I have in the morning a bad taste and a white tongue, I must continue to eat less at supper till they are gone.

“ I should dress myself according to the weather.

“ If the tearing pains in the jaw return, I may apply leeches to the edge near the ear.”

“ My dear Mr. X——,

“ Do not think that I have forgotten you. I can understand that your old ailment has not yet gone, although you have undoubtedly not neglected to take the strengthening remedies. In order to afford you complete relief, I enclose a medicine I have carefully prepared for your case, which you are to use along with the cold washing and the acid drops. You will take of this black powder on the point of a knife about as much as a vetch in size, put it on your tongue and drink a mouthful of water to send it down. Do this for eight days every other evening. Then for fourteen days take it every third evening, and then for four weeks every fourth evening. At the same time continue the strengthening remedies, the walking exercise, etc., and at the end of the seven weeks tell me how you feel. I hope with all my heart that you will be in the best of health.

“ Dr. Sam. Hahnemann.

“ Now in Pyrmont (where I think I shall remain).

“ October 19th, 1794.”

“ My dear Mr. X——,

“ I am sorry that you have not quite satisfactorily recovered. It will all come right. I send herewith the prescription for the night pills. Reinicke will make them up for you very well. Get a small pair of scales with little weights from one grain to 20. I will then send you a powder, and you can weigh out the proper quantity. Your bath should not now be so strong, since your strength is diminished.

“ I wish you everything that is good.

“ Dr. Hahnemann.”

“ My dear Mr. X——,

“ Before sending you the powder, you must first take the accompanying drops. About 4 p.m., take 50 drops stirred up in a cupful of water, and continue to take this medicine



daily, increasing the dose by 10 drops every day, until the taste ceases to be pleasant, then stick to this quantity.

"Take of the pills as many as are required to act satisfactorily. Keep up your spirits.

"Yours truly,

"Dr. Hahnemann."

"My dear Mr. X——,

"I am pleased to think that you remember me. God will again help you.

"In order to go rightly to work, you should just take one of the No. 1 powders in the morning. The following morning take a second powder, then wait a day and observe carefully if immediately after the powder the cough is aggravated, but becomes better than usual in the afternoon, or if on the first day the cough is less frequent, or milder, or more severe, &c.; if your breathing becomes tighter, also if you have any new symptoms. After the day when you take no medicine, take 5 drops of the medicine marked No. 2 in the morning, when the cough commences, and then 5 more every two hours, until the cough either evidently increases or evidently diminishes, in either case stop taking them. The following day do the same, but the day after that omit them entirely; next day take one of the No. 3 powders, one in the morning another in the afternoon, next day again two, the day after that omit the medicine and observe all the alterations in your health. You may continue to take two hyoscyamus pills at night. You may leave off the both at present, but keep up your spirits.

"Next time you write send me back the prescription, or a copy of it, so that I may remember it.

"Yours truly,

"Dr. Hahnemann.

"Königslutter, near Brunswick, October 6th, 1796."

"K'lutter, November 3rd, 1796.

"My dear Mr. X——,

"I missed the last post. I write to-day to tell you not to go on with Nos. 1 and 2. I would rather advise you to resume the use of No. 3, but if you do not find any benefit after taking it for four days, stop it and take of the powders for which I enclose a prescription\* one about 9 a.m. and another about 3 p.m. in beer. After taking them for eight days write me again. You will be able to judge if the acid drops do your cough any good, I doubt if they will.

"Wishing the best result.

"Dr. Hahnemann."

\* "*R. Recentis pulveris radice arnicæ gr. viij.; dentur tales doses, xvij.* Dr. Hahnemann. But they must be freshly triturated from the fresh root."

“ My dear Mr. X——,

“ If only you had not left off the *arnica* powders. That is the best tonic for you. I do not know if you have taken a whole powder at once daily, or how you have done; but that does not matter. Thenceforward take the powders as I directed, but one hour before bedtime take one-third of the daily portion (in addition to the usual daily portion), and if after three or four days you find it agree you may then take half of the daily portion once in the morning. If you require the *hyoscyamus* pills you may still take them, but somewhat later. You will soon feel if you require them. Write soon.

“ Yours, &c.,

“ Dr. Hahnemann.

“ Königsutter, May 5th, 1797.”

“ Königsutter, May 10th, 1798.

“ My dear Mr. X——,

“ Go on with the *arnica* powders, and take the *hyoscyamus* pills when you need them to procure sleep.

“ In order to try something to allay your cough when it is worse than usual, I send you herewith a powder, of which you will take one grain at a time (you have got scales and weights?) once, twice, or thrice daily. While you do this you will leave off the *arnica* powders. Perhaps this will make you sleep better, but you must not take acids at the same time. Tell me how you are in about three weeks.

“ Poor Kayser is much to be pitied. Please remember me and mine kindly to M. Zeyss, also to Mr. Becker.\* Farewell.

“ Dr. Hahnemann.

“ P.S.—Keep this powder in a corked bottle. If the powder does you good you may take less of it; you may even leave it off entirely, and remain for some time without medicine (except, perhaps, the *hyoscyamus* pills). When necessary go back to the *arnica* or to the white powder, &c.”

“ My dear Mr. X——,

“ I send you more of the same powder; use it with judgment. Perhaps it will do your cough good. If it does not seem to answer go back to the *arnica*.

“ Poor Kayser seems to be in a sad state. God help him!

“ Farewell, and write soon to yours truly,

“ Dr. Hahnemann.

“ Königsutter, June 28th, 1798.”

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\* The publisher of the *Reichsanzeiger*, a widely circulated paper, in which many of Hahnemann's essays appeared.

“ My dear Mr. X——,

“ As you are so very cautious in your use of medicine, I may safely leave it to yourself to make one more trial of the white powder. It will not weaken you, that you may depend upon. But if it does not agree with you, try what taking half a dose more of *arnica* will do for you. I think the full dose was 7 grains, so the half dose will be between 3 and 4 grains. Perhaps that will do more for you.

“ I have had no more news of Mr. Kayser ; is he dead ?

“ I heartily wish you the best results.

“ Your most devoted servant,

“ Dr. Hahnemann.

“ Königsutter, July 29th, 1798.”

(Note by Mr. X——.“ Mr. Kayser was buried on the 6th August.”)

“ Königsutter, Sept. 1.

“ My dear Mr. X——,

“ The improvement in your health gives me great pleasure, and I thank you very much for what you have sent me. Go on with the *arnica* powder. But if the cough does not improve, or even seems to be aggravated, take the *arnica* powder only every other day, and on the intermediate days take the medicine for which I enclose the prescription. Should you like to take the cough powder for several successive days, you may do so, you will then be able to observe better what it does for you. At first take half a powder in the early morning and the other half at 2 p.m. If it does not suffice in two days then you may take half a powder in water at 10 a.m., and if this is not enough you may take another half at 5 p.m. This will certainly allay your cough. At the same time notice if this makes you wakeful at night or causes any other symptoms. It will assuredly, in any case, do you good.

“ With every good wish,

“ Dr. H.”

“ Königsutter, Sept. 10th, 1798.

“ My dear Mr. X——,

“ I much obliged to you for the 10 thalers sent. Even though the increased quantity of *arnica* powder may have increased your cough somewhat, I advise you continue it for the present. In course of time it will allay your cough all the more. If after a few weeks my prophecy should not prove correct, write me again, so that I may give you further advice. As far as I can judge from your description, your cough is

tolerably moderate, and you have nothing to fear from it. Tell me at the same time how it is with your dry chills and heats. If you have had any return of them let me know if they were benefited by the white powder, also if you have regained your strength. In the meantime, I remain, with esteem.

“ Your friend, Dr. Sam. Hahnemann.”

(To be continued.)

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## REVIEWS.

*A Cyclopædia of Drug Pathogenesis.* Edited by RICHARD HUGHES, M.D., and J. P. DAKE, M.D. Part vi. *Chromium to Conium.* London: E. Gould & Son, 59, Moorgate Street, E.C. 1887.

ONCE more, we have the pleasure of announcing the appearance of a further instalment of this great and important work. In the part before us the account of *chromium* is completed, and we have full records of the pathogenetic effects of *cicuta*, *cimicifuga*—often termed *actæa*—*cina* and its active principle *santonine*, *clematis*, *coca* and its fashionable alkaloid *cocaine*, *cocculus* and its modern derivative *picrotoxine*, *coccus cacti*, *coffea* and its alkaloid *caffeine*, *colchicum* and *colchicine*, *collinsonia*, *colocynth* and *colocynthin* and *comocladia*, with the commencement of *conium*. Nearly the whole of these medicines are in more or less frequent use as remedies, and the study of their effects, in the natural order of their occurrence, cannot fail to increase our facility in selecting appropriate cases for their use.

We congratulate the editors on the rapidity and completeness with which their work is being performed.

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*Une Page d'Histoire Contemporains de l'Ecole Médicale Homœopathique. De l'Etat Actuel de l'Ecole Homœopathique en Angleterre et aux Etats Unis.* Par le Docteur BONIFACE SCHMITZ. Travail lu à la Séance de l'Association Centrale des Homœopathes Belges, du 12 Janvier, 1886.

THIS interesting memoir was prepared apparently for the purpose of introducing our Belgian colleagues, who, in January, 1886, were looking forward to receiving the International Homœopathic Medical Convention in their capital city, to their English and American brethren, to those amongst whom “the medical system of Hahnemann had made the greatest progress, those amongst whom it had taken the deepest root.” That the Convention was not held in Brussels was no fault either of American or English physicians; that it was held at the appointed time in Bâle was due to the latter; and that it was a great success is now matter of history.

Dr. Boniface Schmitz has, in this *brochure*, given an interesting and fairly accurate account of homœopathy in England. The errors we have noted are few and trifling. Homœopathy was introduced into England, not in 1830, but three years earlier. Dr. Schmitz laments over the small number of students attending the school attached to the London Homœopathic Hospital! What would he have said had he known that at present the school is in a cataleptic state, and no one thinks it worth while to make an effort to arouse it out of that condition. There is not, we believe, a hospital at Plymouth, albeit there is a very flourishing dispensary there. *The Homœopathic World* is edited by Dr. Clarke, not by Dr. Burnett. The length of study required by a licensing body for a British diploma is four, not five, years. Mrs. Mary Dunn lived and died in Islington, not in Birmingham. With these exceptions Dr. Schmitz's record is a true and faithful one. He concludes it with an account of the rise and progress of the Homœopathic League, and of Dr. Dudgeon's two pamphlets, *Medical Boycotting* and *The College of Physicians Converted to Homœopathy*, urging upon his countrymen the adoption of similar methods of propagating the great therapeutic truth of which we are the trustees.

The account of the state of homœopathy in the United States of America is both full and interesting. The statistics cited in the body of the pamphlet receive a very appropriate correction in an appendix, where Dr. Schmitz quotes the later records, presented by Dr. B. W. James, of Philadelphia, to the International Convention at Basle.

A large portion of this part of Dr. Schmitz's essay is occupied with a defence of the use of the word homœopathy. The attitude which has of late years been assumed by *The New York Medical Times* on this question appears to have prompted the author to dilate with much eloquence, earnestness and well-grounded enthusiasm upon it.

"In the midst," he writes, "of this magnificent expansion of our system on the American Continent, we hear a discordant note, we perceive a shadow upon the picture! There has of late been formed there a small group of homœopaths, animated, I doubt not, by the best intentions, and by a desire to spread a knowledge of the truth, who are treading a path which we cannot but describe as deplorable. They desire, they long for a union, at any price, between the two opposite schools! To this end, they would have us believe that it is our place to throw ourselves into the arms, if not at the feet, of our scientific opponents! It is in New York that this shuffling and very ill-advised portion of our school entreats us to listen to its grievances and its counsels. It has for its principal, perhaps I should say its sole organ, *The New York*

*Medical Times.* To be thoroughly accurate, I ought to say that it has succeeded in moving, if not in rallying to its side, a certain number of physicians beyond that city, but there is to be found both its centre and its origin."

After pointing out that the leaders of this small minority desire to impose upon the immense majority of our school the blotting out from our hospitals, dispensaries, societies, books and journals the title homœopathic, and the limitation of our posology to the lowest dilution, if not to the undiluted tinctures, Dr. Schmitz quotes a passage from Dr. Rapou's *Histoire de l'Homœopathie*—a not very trustworthy guide, we may remark in passing—showing that a similar attempt was made in Germany during the life time of Hahnemann.

He attributes this apparent depreciation of the real importance of homœopathy to the number of young men now in practice in America, of physicians whose course of study has been all too brief, of men who have little or no practical knowledge of that which homœopathy has replaced. While in Europe homœopathic physicians have been recruited from among those who have experienced the want of success and the disappointments arising from the practice of the old system. It is the comparison of their present success in the treatment of disease with their previous failures that renders them so enthusiastic.

He then traces what he terms the strange attitude of the editors of *The New York Medical Times*, to an exaggerated and unreasonable desire to fraternise *per fas aut nefas* with the practitioners of the old school. Right and pleasant as it is to be on friendly terms with professional neighbours, "if," he says, "this cannot be except by paying as its price the abandonment of our scientific principles and by sacrificing the real interests of the sick, where," he asks, "is the justification of such friendship?"

Again, he argues, that historical reasons, our desire to keep alive the memory of Hahneman, are sufficient to justify our retention of the word homœopathy. In every science each new law, each new fact relating to it is connected with the name of the observer who first promulgated it—why should this be otherwise in medicine?

Thirdly, the name homœopathy is calculated to preserve the doctrine it expresses in its integrity.

This essay displays great power on the part of the writer, and assures us that, in Belgium, homœopathy has, in the person of Dr. Boniface Schmitz, a thoroughly well informed as well as a most eloquent and enthusiastic advocate. We trust that we may often have the pleasure of reading similar contributions from him.

## MEETINGS OF SOCIETIES.

### THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1887.

IN our last number we gave a somewhat lengthy extract from the very able address of the President (Dr. Orme) when opening the proceedings of the Institute meeting at Saratoga, on the 27th of June. We propose here, after quoting the concluding remarks of the President, to collect from the very practical work done during the sessions some of the more interesting observations of those present. To publish the whole would be impossible, and to make a selection, where all is interesting and useful, is a somewhat difficult matter. We have to thank Dr. Pemberton Dudley and Dr. Bushrod James, of Philadelphia, for the advance proofs of the record of the proceedings published in *The Hahnemannian Monthly*. We wish much that all our colleagues received this journal regularly. It is full of useful practical matter, and its report of the Institute meetings teems with therapeutic instruction.

After referring to the International Convention at Bâle, and that proposed to be held in America in 1891, and to the projected International Pharmacopœia, Dr. ORME, in concluding his address, spoke as follows:—

“It is by reviewing our own work, and correcting our own errors that we shall not only make real progress, but that we shall secure the respect of the scientific world.

“We, as a school, claiming to have a more definite and accurate method in prescribing, should aim at the utmost degree of precision as regards our *Materia Medica* and therapeutic appliances. On this account we should prove carefully, repeatedly, scientifically—under test conditions—and hold fast to that which is good. We have many articles that we know to be good, and we should learn further of their qualities—avoiding a waste of time upon questionable substances. Hahnemann’s words should be well considered when he says (*Organon*, § 122), ‘No other medicines should be employed (in provings) except such as are perfectly well known, and of whose purity, genuineness, and energy we are thoroughly assured.’

“Let us build further and more securely upon foundations already laid, and not allow ourselves to be enticed too far into the proving of new and perhaps valueless or unneeded materials. Unless an article promises to be useful in spheres in which we require new remedies, let us give what time we have to spare to improving our knowledge of the full value of say fifty or one hundred of our best remedies. It is probable



that this number will cover, as far as we are able to cover, the needs of our profession, and 'more is vain where less will suffice.'

"Already the gardens, the fields, the mountains, the plains, the seas, and even the bowels of the earth have been explored with a view to discover drugs to prove, until we have listed over one thousand substances, which are called medicines. Some of these are of such a character that to name them would be indelicate, to think of them disagreeable, to administer or take them revolting. The profession suffers from a knowledge that such materials are included in our medical *armamentarium*. Let us cease researches in such directions, and rather apply ourselves to the work of expurgation.

"We are all aware that there is a limit to human capability, and that it is beyond the capacity of the most comprehensive intellect to compass a knowledge of the full value of one-tenth the number of medicines advertised by our pharmacies. I am moved, therefore, to suggest to our bureau of *Materia Medica* that it might be well to take up the subject of determining, by such methods as may be devised, upon a certain number of the most valuable remedies we have, in order that study may be chiefly confined to them. We suffer now from an embarrassment of wealth; the student is confused. We have scattered too much, and we should now combine and concentrate. Our state and other societies should co-operate with our bureau of *Materia Medica* and our standing committee upon drug provings. We may then expect good and trustworthy results—such as we may point to with pride.

"In connection with this subject of precision in our work, a suggestion to our standing committees on 'pharmacy' and 'drug provings' may not be amiss, to the effect that it might be well to consider anew the best forms of medicinal substances for provings and for use—recommending, when other things are equal, or nearly so, those preparations which are most stable and of definite strength. When our early provings were made, our devoted pioneers had not the chemical preparations of the active principles of medicines which we now have. We should improve with the progress of science. A grain of *sulphate of morphia* is the same definite quantity of medicine the world over. It is not so with a grain of *opium* or twenty-five drops of *laudanum*. A grain of *santonine* also represents a definite amount of medicinal power, while it is not so with a given number of drops of *cina*.

"Chemical compounds have much advantage in the quality of definitiveness, and among these we have many of our best and most trustworthy remedies.

"Tinctures and powders are known to be variable in

strength, even under the most careful gathering and preparation, and these differences are multiplied indefinitely in the attenuations. We should overcome every element of inexactness as speedily as possible, and it may be well to consider if the fluid extracts, reduced to a definite degree of medicinal strength, may not be better preparations, in some cases, than the tinctures.

“ This Institution, in conjunction with the British Homœopathic Society, has commenced, and been for several years engaged in, the good work of securing precision in the matter of provings, under an admirable scheme, approved by both associations; and all work in the line of provings should be in accordance with the instructions laid down by the two bodies which have undertaken the editing and issue of the *Cyclopædia of Drug Pathogenesis*.

“ It is manifest that the Institute is committed to this work, which has an editor and consultative committeemen from each of the nationalities immediately concerned in the undertaking, and that it is in honour bound to continue its financial support of the *Cyclopædia*, as resolved last year, to the end.”

After congratulating the members present on the position of their “ grand old organisation—the oldest national medical association in our country—the largest homœopathic society in the world,” Dr. Orme concluded his address.

The Bureau of Organisation and Statistics exhibited the following as the results of their inquiries :—

Number of medical societies reporting, 123; number of medical societies not reporting, 27; number of national societies, 5; number of sectional societies, 2; number of state societies, 31; number of local societies, 112; number of hospitals, etc., reporting, 43; number of hospitals, not reporting, 14; the hospitals report a bed capacity of 4,239; whole number of patients treated, 13,862; number cured, 5,935; number relieved, 4,471; number died, 910; showing the very low mortality of 1.5 per cent.; number of dispensaries reporting, 34; number of dispensaries not reporting, 12; number of patients treated therein, 142,629; number of prescriptions, 376,886; number of colleges reporting, 14; number of students, 1,171; number of graduates during the past year, 372; number of alumni, 7,732; number of journals, 24.

After presenting the report of the Committee of Pharmacy, Dr. Conrad Wesselhœft and Dr. Sherman read lengthy and interesting papers on the effect of trituration upon the colour of substances, Dr. Wesselhœft maintaining that his experiments had proved that prolonged trituration will render all substances, even sugar of milk, of a dark colour.

Dr. SHERMAN, of Milwaukee, on the contrary, set forth certain propositions, as deduced from his experiments during the past two years. He showed that various metals in trituration with milk sugar became darkened in colour and grew darker the longer they were triturated, while sugar of milk was uninfluenced by trituration, except in a Wedgwood mortar; that this darkening was independent of any chemical change from exposure to air; that *pari passu* with the darkening of the metal there was mechanical subdivision, and that there was developed at the same time the property of suspensibility in water and other liquids; that the amount of trituration necessary to reduce insoluble drugs to a given standard of fineness was different in different drugs; that the rapidity of subdivision diminished as the trituration proceeded. Samples were shown of *mercurius vivus*, *cuprum metallicum*, &c., which had undergone trituration for different periods of time, in illustration of Dr. Sherman's views.

The important question of medical education was then discussed, and some resolutions formulated which were referred to the Committee of Education to report upon.

The address on obstetrics was delivered by a lady, Dr. Millie J. Chapman, of Pittsburgh, Pa., and that on surgery by Dr. Willard of Allegheny, Pa. During the course of his observations, Dr. Willard described Hahnemann as a great surgical prescriber, though not a great surgical operator. The subject discussed by the surgical section was hip-joint disease, papers on various aspects of it being presented by Dr. Willard, Dr. Jackson (Boston), Dr. J. E. James (Philadelphia), Dr. Hall (Chicago), and Dr. Helmuth (New York). In the discussion of them Dr. Schneider (Cleveland), Dr. J. H. McClelland (Pittsburgh), Dr. Parsons (St. Louis), Dr. J. E. Jones (West Chester), Dr. J. C. Morgan (Philadelphia), Dr. van Lennep, Dr. Wilcox, Dr. Terry (Utica), Dr. Claypool (Toledo), and Dr. von Gottschalk (Providence).

The contribution of Dr. J. E. James dealt with the *Medical Treatment of Hip-Joint Disease*. In the early stages of the disease, in cases occurring in scrofulous or tuberculous constitutions, he recommended *calcareo carb.*, *phos.*, or *iod.*, *fluoric acid*, *mercurius* and *phosphorus*. When there were no special constitutional indications, *belladonna*, *bryonia*, *arnica*, *rhus tox.*, *stramonium* and *pulsatilla*; in the second stage, *belladonna*, *rhus tox.*, *colocynth*, *calcareo*, *arnica* and *apis*; in the third stage, *hepar*, *silicea*, *fluoric acid*, *phosphorus*, *china*, *calcareo*, *sulphur*, etc. The author presented the following special indications: *Belladonna*—Whenever the inflammation, whether acute or chronic, is localised; sudden jerking pains

in the thigh and limb ; tearing pains in the joint relieved by walking ; feeling as if the joint would give way ; soreness and tenderness. *Bryonia*.—Sudden sharp pain with swelling, worse on motion ; stabbing pain in the hip ; pain along the head of the femur to the anterior and inner surface of the thigh. *Rhus Tox.*—Involuntary limping ; feeling of stiffness in the leg, pain mostly in the knee, worse at night, worse by walking ; spasmodic twisting of the leg ; pains along the sciatic nerve, rigidity of the muscles about the joint ; aggravation from damp and cold. *Stramonium* is similar to *rhus* ; it is adapted to a like condition of symptoms referred to the left hip. *Colocynth*—Sudden cramp-like pain in the hip, causing the patient to draw the leg up ; when at the knee the same kind of pain wakens the child ; sudden shooting pains down the leg ; seems to be more useful when the right side is affected. *Arnica*—Great tenderness and soreness, with periodical return of sharp pains ; drawing pain in the joint ; the hip feels as if sprained ; restless feeling, causing frequent change of position. *Pulsatilla*—Drawing pain with feeling of heaviness of the limb, rigidity of muscles ; jerking pain in the hip-joint, extending to the knee ; sudden changing of the place of pain.

Dr. Hall's paper related to the *Mechanical Treatment of Hip-Joint Disease*. When disease had been precipitated by injury, absolute immobility and extension were required ; when it arose purely from constitutional diathesis we might desire mobility with extension. Appliances which might be required in the first stage might be inapplicable in the second and third stages,

Dr. HELMUTH described the method of resecting the joint, the necessity for which was to be determined by the presence of necrosis. During the past few years the necessity for resection had been less than previously, owing to the improved methods of treatment adopted in the earlier stages. This observation was subsequently confirmed by the experience of Dr. Schneider, Dr. Hall and Dr. Wilcox.

Dr. SCHNEIDER regarded the disease as due to the strumous diathesis in nine cases out of ten. Rest was the great factor in the treatment of hip disease. Nature endeavoured to secure this by fixing the muscles. Over-contraction of the muscles, however, should be prevented. As the case proceeded the muscles flexed the thigh, and this should be overcome by mechanical treatment. This should be done by putting the child to bed and applying extension. Splints and braces were only of use during the stages of convalescence. Dr. Schneider thought that the decreasing frequency of the necessity of

operation for hip-joint disease was the administration of lime preparations.

Dr. J. H. McCLELLAND believed that most cases of joint disease could be brought under one of two classes, acute and chronic. The acute cases were usually traumatic, and the chronic constitutional, and built upon a diathetic cause. Respecting the etiology of the disease, he believed that the truth laid between the positions of Professors Helmuth and Schneider. The treatment he would divide into expectant, medical, hygienic and surgical. In the first stages put the patient to bed. He did not believe in counter-extension by weights, as such a course only wore the muscles out, and more could be gained by simply fixing the joint in position and securing immobility. Remedies were likewise advantageous. No one who had had experience would belittle the effects he had derived from *stramonium* in quieting the right pains. No one would belittle the effects he had secured from *belladonna*, *mercury*, *Hecla lara* and *silicea*. Suppuration *per se*, the speaker did not believe to be a bad thing. Repair often proceeded during suppuration. When, however, bone was devitalised then it must be removed. The majority of cases, however, would, with the aid of *hepar*, *silicea*, &c., come out all right. Dr. McClelland stated that he was in perfect accord with Dr. Helmuth respecting the manner of dressing the cases after operation.

Dr. S. B. PARSONS, of St. Louis, said that all cases of hip-joint disease were not the same. There could be a simple synovitis affecting this joint from injury, just as in the case of the ankle-joint. Simple rest with extension, cold applications, *arnica*, *belladonna*, &c., would here have the same effect as elsewhere. Such cases should not be classed as true hip-disease, which he believed to be always of a tuberculous nature. Cases of suppuration within the joint presented nearly the same symptoms as phthisis, cough, night-sweat, emaciation, diarrhoea and hectic fever. Dr. Parsons next quoted the statistics of Grosch, relating to hip-joint resection in 166 cases. He classified them into the first, second and third stages. In the first stage there were four patients and no deaths; in the second stage, there was a mortality of 20 per cent.; and in the third, of 65 per cent.; and in every one of the latter tuberculosis was found. In sixteen cases operated upon by homœopathic surgeons there were but two deaths. The only death in Dr. Parsons' experience occurred six months after the operation from acute dysentery. The other case referred to died from exhaustion. Every one of these cases was operated in the third stage. Dr. Parsons' own cases were eleven in number. The after-treatment consisted of giving

the patient a bath of oil every day, and Phillips' emulsion of wheat phosphates with cod liver oil internally. The diet should be of a highly nutritious character.

Dr. J. E. JONES advocated the use of a plaster of Paris cast by those engaged in country practice. Dr. Hall objected to it for continued use, as it would result in permanent destruction of muscular tissue.

Dr. J. C. MORGAN confirmed the observation made as to the use of *stramonium*.

Dr. VAN LENNEP advocated early resection as enabling the surgeon to save more periosteum. He would, indeed, aspirate as soon as effusion occurred, or even open the joint freely, and if diseased bone were found do a sub-periosteal operation. He had seen dysentery, hectic and night sweats all disappear after the operation.

Dr. WILCOX, while attaching great value to the operation, thought that it ought to be deferred until it was certain that the child could not recover without it. He advocated the use of Taylor's splints somewhat modified. In addition to this splint the medicines he used were *calcareo* and *silicea*.

Dr. CLAYPOOL gave the details of a case where caries and not necrosis was found. This he treated by scraping the bone, washing with *symplytum* and packing with cakum. The patient recovered.

Dr. VON GOTTSCHALCK, if convinced of the presence of pus, made an incision into the part. With this proceeding, giving *calcareo phosphoricas* and some preparation of iron, rest and good feeding, he had cured some very bad cases.

(To be continued.)

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## NOTABILIA.

### THE BRITISH HOMŒOPATHIC CONGRESS, 1887.

THE Annual Congress of Homœopathic Practitioners will be held this year in Liverpool, at the new Hahnemann Hospital, Hope Street, rooms in which have been kindly placed at our disposal by the Board of Management, on Thursday, the 22nd of September, opening at 10 a.m. punctually.

The business of the Congress will commence with an Address from the President, Dr. A. C. Clifton, of Northampton, on *Therapeutic Changes in the Victorian Era; their Meaning and Lessons for Homœopaths*. Any strangers who may desire to hear the President's Address will be welcome.

After this a short interval will allow the Treasurer to receive subscriptions.

The first paper will be read by Dr. John Davey Hayward, of Liverpool, entitled *The Use of Drugs in Surgical Cases*.

The next by Dr. Proctor, of Liverpool, entitled *Some Practical Observations on Ammonia*.

The Congress will then adjourn for an hour for luncheon.

At 2 o'clock the Congress will receive the Report of the Hahnemann Publishing Society, and hear some remarks on the *Materia Medica*, by Dr. Hayward, Senr., proceed to select the place of meeting for 1888, elect officers, and transact any other business which may be necessary.

Dr. Percy Wilde, of Bath, will then read a paper, entitled *The Elimination of Sectarianism from Medical Science*.

Discussion will be invited at the end of each paper.

The Congress will afterwards resume the discussion on Dr. Galley Blackley's paper, entitled *Doctors and Chemists*, which was read at Norwich in 1885. It was then resolved to adjourn the discussion on this paper till the present Congress, in order that the views of chemists should be heard. A deputation from the Homœopathic Pharmaceutical Society has been invited to be present. The Congress will be happy to receive and hear the opinions of any homœopathic chemists, other than the deputation, who may desire to attend during the day's proceedings.

The members and their friends, with the deputation from the Pharmaceutical Society, and any other homœopathic chemists who may be present, will dine together at the Adelphi Hotel, Ranelagh Place, at 7 o'clock.

A meeting of the Hahnemann Publishing Society will be held in the Hahnemann Hospital on the morning of the 22nd of September, at 9.15 a.m.

Dr. Hawkes, 22, Abercromby Square, Liverpool, the Hon. Local Secretary, will be happy to secure beds at the Adelphi Hotel, if members will communicate with him.

On the following day, Friday, September 28rd, the new Hahnemann Hospital will be formally opened. It is earnestly hoped, that on this interesting occasion, as many of the members of Congress as possible will remain over the Friday, and be present at the opening of the Hospital, and the accompanying festivities.

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#### HAHNEMANN PUBLISHING SOCIETY.

THE Annual Meeting of this Society will be held in the Board Room of the Hahnemann Hospital, Hope Street, Liverpool, on the 22nd of September, at 9.15 a.m.

Gentlemen who may have any reports or suggestions to make should communicate at once with the Hon. Sec., Dr. Hayward, 117, Grove Street, Liverpool.



## LIVERPOOL HOMŒOPATHIC DISPENSARY.

A SPECIAL meeting of the Governors of this Institution was held on the 3rd ult. within the walls—and this for the last time—of the Hardman Street Dispensary, a building in which much good and useful work has been done during the last eight and twenty years.

The chair was occupied by T. Crossfield, Esq.

Dr. Drysdale proposed, and Mr. H. Birrell seconded, a resolution, "That the name of the Institution be altered from Liverpool Homœopathic Dispensary to the Liverpool Hahnemann Hospital and Dispensary." This was carried.

The addition to the original institution of wards and its removal to the new hospital in Hope Street necessitating both some new and the revision of all the regulations hitherto in force, the laws, which it was proposed should direct the management of the Liverpool Hahnemann Hospital and Dispensary, were then, on the motion of Mr. S. S. Bacon, seconded by Mr. J. Reynolds, adopted.

These laws appear to have been very carefully drawn; and those relating to the special feature of the hospital are so worded as, while ensuring the medical officers full liberty of action in prescribing for patients, to afford ample security that the law of *similars* will be the basis of drug-selection in all possible instances. The only enactment to which we should object is that which enables the committee to appoint unqualified men as assistant-medical officers. The evil of medical men in private practice employing unqualified assistants is generally acknowledged; but, when a public hospital places such upon its staff, and accords them a special designation, one calculated to lead the public to suppose that they are qualified, we think that a very false step is taken. We can only hope that the committee will not avail themselves of the permission law xx. gives them, and that at an early date the law itself will be repealed, and, if thought desirable, provision be made for receiving pupils. The restrictions imposed by law xviii. upon the performance of operations is a very wholesome one, and will tend to prevent undue haste on the part of, possibly too enthusiastic surgeons.

The laws of the institution having been passed, the following gentlemen were appointed its trustees: Dr. Drysdale, Dr. Hayward, Dr. Moore, Messrs. H. Tate, W. H. Tate, H. Tate, jun., J. C. Thompson, H. Capper, E. L. Hudson, T. Gee, H. J. Robinson, H. M. Dennett and J. C. Stitt. With a resolution directing the immediate sale of the property in Hardman and Roscommon Streets, and the investment of the proceeds by the trustees as a part of the capital funds of the Liverpool Hahnemann Hospital, the meeting terminated.

### CREMATION.

THE first International Congress of delegates from Cremation Societies will be held at Milan during the present month. The President of the Congress is Dr. de Cristoforis Malachic, of Milan; the General Secretary, Dr. Pini Caétan, 15, Rue Lanzone, Milan. In the list of Honorary Presidents we notice Sir Henry Thomson's name, and among the members that of Dr. Roth.

The object of the Congress is to assemble the scientific men of all countries desirous of studying together questions relating to cremation and the management of cemeteries. A programme has been drawn up of the topics to be brought under discussion. These consist of (1). A general report of the progress cremation has made among different nations. (2). A proposal for the formation of an international league between the various cremation societies. (3). A proposal for International legislation regarding the removal of dead bodies from one country to another, and for the cremation and preservation of human ashes from the standpoint of public hygiene and medical jurisprudence. (4). Reports on the hygienic conditions of cemeteries among different nations to be rendered by the delegates of each country. (5). Different systems of cremation will be considered from technical, moral, hygienic and economical points of view. (6). A proposal for international legislation regarding freedom of disposal of the dead (*la liberté des funérailles*).

At the same time an exhibition will be held of plans for cemeteries, models of temples, and designs for urns and the various forms of apparatus required for cremation.

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### Dr. S. O. L. POTTER.

*The Lancet* of the 20th ult. has the following paragraph respecting the author of the book from which Dr. Lauder Brunton obtained the bulk of his indications for the uses of medicines as set forth in his *Index of Diseases and Remedies*.

"Dr. Samuel Potter, Professor of Theory and Practice of Medicine in the Cooper Medical College, San Francisco, author of the *Index of Comparative Therapeutics*, to which so much reference has been made by Dr. Brunton's critics, writes a long and able letter to vindicate himself from the charge of having ever practised homœopathy (though he admits having graduated in a homœopathic college), and from other charges equally inaccurate. We do not think that the censure of Dr. Potter's critics needs such lengthened and careful refutation as Dr. Potter gives it. It is enough to notice his chief reasons for abandoning an exclusive system, all that was good

in which, he says, was based on Haller's suggestions in his preface to the Swiss Pharmacopœia about 1775, forty years (*sic!*) before Hahnemann's pretentious and absurd doctrine had developed. 'I abandoned homœopathy,' he says, 'before entering into practice, because my observation of the reception by homœopaths of Dr. C. Wesselhœft's reproving of *Carbo Vegetabilis*, and Dr. Sherman's work on the Milwaukee Test of 1879, proved to me that no crucial drug experimentation conducted under scientific safeguards could meet with any degree of appreciation from the majority of that sect. I was further impressed by finding that ninety-nine out of every hundred so-called homœopathic physicians were in the habit of resorting to regular therapeutics whenever there was any active therapy to be done.' "

We much regret that the editor of *The Lancet* has not found it convenient to publish Dr. Potter's "long and able letter," in which he is said "to vindicate himself from the charge of having ever practised homœopathy." We feel sure that it would have been to us very entertaining reading indeed. Dr. Potter graduated at the Homœopathic Medical College of Missouri, in 1878. He was admitted a member of the American Institute of Homœopathy in 1879, and was so in 1880. If between his graduation in the spring of 1878, immediately after which he settled in Milwaukee, and the end of 1880, he was not practising homœopathy, we are perfectly certain that he led both his professional friends and the public to suppose that he was doing so!

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#### A STANDARD BY WHICH TO SELECT A PHYSICIAN.

*The Medical Advance* (August, 1887) reports Dr. T. L. Brown of Binghamton, New York, as having given the following illustration of how a shrewd Yankee set to work to discover a wide-awake physician when away from home.

"I secured," said Dr. Brown, "a very important case many years ago, and through this one a number of others were brought to me. I never knew until months afterwards how I happened to be selected. It was this way. One night, at quite a late hour, I was called to see the family of a prominent New Hampshire official temporarily staying in our town, and to whom I was a perfect stranger. After I had discharged myself, and quite a while afterwards, I learned that as soon as this gentleman found he required a physician, instead of asking the landlord of the hotel, or appealing at some drug store for the name of a doctor, he took a carriage and drove to the house of the postmaster. "I want a doctor," he said. "Tell me which of the doctors of this city takes the largest

number of journals ? ” The postmaster referred him to me. As the gentleman was leaving the house, he said to the postmaster, “ A man who takes the journals of his profession is well-read and up with the times, and that is the doctor I want to treat me and my family.”

### CHURCHILL'S MEDICAL DIRECTORY.

In 1852 the late Mr. Churchill issued a circular to every member of the medical profession asking the opinion of each as to the propriety or otherwise of retaining in the *Medical Directory* the names and qualifications of medical men practising homœopathy. Some of the answers received were amusing enough ! One, W. T., writing from the Harrow Road, said :—“ No list of homœopathic ‘ quacks and humbugs ;’ I will not have my copy if you do ; mind that !!! ” Another, S. M., of Brenchley, says : “ No ; silent contempt and rope enough are the remedies.” Another, J. W.—presumably a homœopath—writing from Liverpool, said : “ Omit my name at your peril. I beg to say that I am a qualified practitioner.”

Mr. Churchill, seeing that the omission of the name of a qualified practitioner would expose him to an action at law, continued to publish the names of all qualified men, but, in deference to the prejudices of the majority, refused to insert their public appointments.

Recently, Dr. Alfred Drysdale, of Cannes, in returning the annual circular, inserted his public appointments, and insisted on their being published, threatening the publishers that, in the event of their refusal, he would see what legal remedy there was against them for the omission.

In reply to his communication, he received the following letter from the editors of the *Directory* :—

“ *The Medical Directory* Office,

“ 11, New Burlington Street, London, W.

“ August 11th, 1887.

“ DEAR SIR,—Hitherto it has been our opinion that the interests of the large majority of the profession was best served by simply ignoring homœopathy so far as the *Directory* was concerned. But it has been repeatedly pointed out that inconvenience has resulted from this course. Members of the profession, from lack of information they expected to obtain from the *Directory*, have entered into professional relations with homœopaths, only to be unpleasantly terminated when they were made aware of the practice.

“ We have now decided to admit in the *Directory* present and past homœopathic appointments and published works.

" We need not refer to the threat contained in your communication, as probably by this time you have recognised its folly and have regretted it.

" Yours faithfully, THE EDITORS.

" Dr. A. Drysdale."

To this Dr. A. Drysdale sent the following answer:—

" Dr. A. Drysdale was quite aware that the Editors of the *Medical Directory*, in publishing inadequate descriptions of a certain number of medical men, while purporting that these descriptions had been corrected by the medical men concerned, were acting in the interests of the majority of the profession, and against the interests of the minority, but he fails to see how this makes their conduct any the less unjust.

" It is a matter for congratulation that medical men will no longer be induced to enter upon relations which they do not desire by the inaccuracy of the information supplied by the *Directory*, and that the inadequacy of the information hitherto given will now be attributed to those responsible for it, viz., the Editors of the *Directory*, and not to the medical men concerned."

#### TARTAR EMETIC VACCINATION.

Dr. PROEGLER found himself on an emigrant ship, on board of which a fatal case of small-pox occurred. The disease spread to two other passengers only. A panic occurred among the emigrants, seven hundred in number, but by the prompt measure for separation adopted by Dr. Proegler, and by the moral influence of his assurance that the sanitary and protective measures taken were amply sufficient, the panic subsided. Dr. Proegler thus described what occurred:—

" There was no virus on board. and recollecting of having read somewhere about the identity of the pustules of *tartar emetic* and small pox pustules, I resolved to try a few inoculations with *tartar emetic*, I inoculated myself first, and having been re-vaccinated when fourteen years old, I could not find any difference between the two. From myself I inoculated some babies. and saw that the course was nearly identical with true vaccination; the pustules could not be distinguished from real vaccination pustules. It must be remembered that during our services in the Prussian army we had an extended opportunity to see small-pox (especially among the French), so that I am well aware of what I write. I inoculated all the passengers and had the satisfaction that every vaccination took. Our journey, on account of contrary winds, was a tedious and long one, lasting sixty days, though time passed swiftly enough for me. I am perfectly convinced that by the combined care and cleanliness I extracted from

the passengers, and the re-vaccination (or the *morale* of it?) I succeeded in staying the ravages of the disease, which might have been very fatal in such a crowded ship as ours."—*Journal of the American Medical Association*, Feb., 1886.

## CORRESPONDENCE.

### THE CONVALESCENT HOME.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—As you are already aware, some friends of the London Homœopathic Hospital, desiring to see a Convalescent Home established in connection with it, the Board of Management (knowing the great desirability of such an institution) decided to make an endeavour to establish one.

The friends alluded to subscribed handsomely, and a concert at Grosvenor House (originally arranged to be in aid of the new ward) was given on May 28th in support of the Convalescent Home, and was most successful. From these sources sums amounting to about £2,000 were contributed or promised, and the next step taken was to forward to every medical man practising homœopathically the following letter:—

" London Homœopathic Hospital,  
" Gt. Ormond St., Bloomsbury.

" Dear Sir,

" June, 1887.

" I am desired to call your attention to the proposed Homœopathic Convalescent Home, a description of which is enclosed.

" Miss Kingsbury, of Hastings, has generously offered to make over the Convalescent Home, established by herself and Canon Kingsbury, to form the nucleus of one sufficiently important to reflect credit on that large and influential portion of the public who believe in the new system of therapeutics.

" The promoters of the Home would urgently appeal to you to use your influence amongst your patients to assist in raising the necessary sum to establish it. They would also ask your kind assistance in getting annual subscriptions, for which full advantages will be given in the power to nominate patients.

" The form to be filled up, and a list of the subscriptions already promised, are added.

" Waiting your early reply,

" Very faithfully yours,

" G. A. CROSS."

It was hoped that the medical profession would have gladly aided the scheme, and it was intended to follow the direct appeal to them by an appeal to their patients and to the homœopathic public in general.

As in earlier efforts, the Board of Management fully recognised the importance, not to say absolute necessity, of

possessing the hearty concurrence and support of the members of the medical profession, who owe so much to homœopathy and have shown some interest in its central hospital in England. Their opportunities for introducing a scheme of the kind to sympathetic patients are many, and such as are not possessed by any other body or by laymen. My personal hope has always been to induce them to regard a steady advocacy of the hospital as a voluntary duty, and to overcome any incidental delicacy in asking their patients for subscriptions. Those who do so always find their patients not only willing to contribute freely, but often grateful for the suggestion, as enabling them to devote to a homœopathic institution charitable gifts which they would otherwise have sent elsewhere. We have already to thank some for valued assistance in getting patronage for the concert, and in securing generous contributions to the home, as the list you published in your July number and the following additions will show. Still the great majority of the homœopathic practitioners, not only withhold promises of support, but actually make no reply to the urgent appeal of the Board. From one or two has come advice as to the locality of the home, a question we are hardly in a position to discuss until we have the assurance of a sufficient income to maintain one.

Yet, if the medical profession would co-operate heartily with the Board, and take a personal interest in this most important scheme, scarcely an effort would be necessary. If each practitioner simply secured one annual subscription of a guinea—not a great matter—it would be enough. But failing this general support, the question arises how far we are justified in incurring the serious responsibilities attendant upon a seaside branch. The Board would be sorry to abandon their hope of a Convalescent Home under homœopathic auspices, but unless the long-desired advocacy by the medical profession is forthcoming, it is doubtful whether they have any alternative, for they can hardly ask the public to support an institution to which the medical men give no ready support, and of which they may feel only a lukewarm approval.

I would therefore, through your pages, earnestly beg those who have not yet responded to the foregoing letter, to send in promises of advocacy and, where possible, personal support in time for the next meeting of the friends interested in the Convalescent Home, at which meeting the question of persevering in our scheme will be considered.

Yours truly,

WILLIAM VAUGHAN MORGAN.

P.S.—We are offered the Home at Hastings, but require



donations and annual subscriptions before moving further in the matter. I forward a list of those who are already supporters of the Home.

In addition to the names given in our July number at p. 445, the following promises have been received :—

	£	s.	d.		£	s.	d.
Miss Isabella Barton...	50	0	0	A Friend, per Miss			
Miss Kingsbury ...	50	0	0	Percy Nutford ...	0	5	0
Thomas Holt, Esq. ...	25	0	0	Mrs. Ford Barclay ...	2	0	0
Walter Vaughan Mor-				A Patient, per Dr.			
gan, Esq. ...	10	10	0	Wheeler ...	2	2	0
Messrs. James Epps &				F. W. Giles, Esq., M.D.	1	1	0
Co. ...	10	10	0	Do. Annual Sub-			
Miss S. Crampton ...	10	0	0	scription ...	1	1	0
Miss Percy Nutford ..	5	0	0	A. Guinness, Esq., M.D.	1	1	0

## THE TREATMENT OF ANTHRAX IN CATTLE.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Anthrax is one of those fatal diseases that seems to find place in almost every country, and everywhere proves most intractable. In India it is usually considered that at the outbreak of it in an acute form very nearly every case will be fatal, and that probably 50 per cent. of the later cases, when the disease is beginning to die out, will recover.

Having been a heavy personal loser through its ravages, and tried every recommended allopathic remedy without any success, I turned to homœopathy. It so happened that last year I met with several cases of malignant sore throat and laryngitis which defied the ordinary treatment, but which I found yielded readily to the *cyanide of mercury*. So successful was this drug that I determined to try it in anthrax. I obtained a certain amount of success, sufficient to encourage me to continue the experiments. I have within the last three months cured three acute cases of anthrax with this remedy, one being of a very virulent type. *Cyanide of mercury*  $\phi$  was given in three grain doses every hour, two or three hours according to the severity of the symptoms. Having seen in the home papers that anthrax has been making great havoc among the cattle in England, I should very much like to see this remedy tried. Should it fail, it is but another added to the long list of failures ; should it succeed in obtaining a fair percentage of cures it would be very gratifying. The great advantage of the drug is its speedy action. If it will act on the disease at all its results will be apparent in from six to twelve hours. Should I meet with more cases I intend to inject it subcutaneously in one grain doses instead of the usual exhibition. In the cases alluded to after the malignant symptoms had subsided there still remained a slight difficulty

of breathing in one case which yielded to *bryonia* 1 in 20 drop doses; and in another a slightly increased temperature, with yellowness of the mucous membrane, and for this *gelsemium* 1 in 10 drop doses was curative.

Should this treatment be tried, I should be very grateful for a communication of the results.

G. W. DEANE, Capt.,  
13th (D.C.) Bengal Lancers.

Bareilly, N.W.P., 17th May, 1887.

## NOTICES TO CORRESPONDENTS.

\* \* We cannot undertake to return rejected manuscripts.

### ERRATUM.

Page 361, line 15 from the top, for 1884 read 1844.

Communications, &c., have been received from Dr. DUDGEON, Dr. BAYNES, Major VAUGHAN-MORGAN, and Mr. CROSS (London); Dr. HAYWARD and Dr. A. DRYSDALE (Liverpool); Dr. RAMSBOTHAM (Leeds); Dr. CLIFTON (Northampton); Dr. BELCHER (Brighton); Dr. PEMBERTON DUDLEY (Philadelphia); Dr. RING (New York).

## BOOKS RECEIVED.

*A Cyclopaedia of Drug Pathogenesy.* Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part vi. *Chromium—Conium.* London: Gould & Son.—*The Physiological Effects of Artificial Sleep with some notes on the Treatment by Suggestion.* By Dr. Mathias Roth. London: Baillière, Tindall & Cox, King William Street, Strand, 1887.—*Homœopathy and Antipraxy.* By W. Sharp, M.D., F.R.S. London: Gould & Son. 1887.—*Cholera, and its treatment on Homœopathic Principles.*—By Radha Kanta Gosh. Calcutta: Berigny & Co., 12, Lalbazaar.—*A Handbook of Roller Bandaging.* By Fanny E. Fullagar. London: Griffith Farran & Co., St. Paul's Churchyard. 1887.—*The Homœopathic World.* London. August.—*The Hospital Gazette and Students' Journal.* London. August.—*The Chemist and Druggist.* London. August 20th.—*Burgoyne's Monthly Magazine of Pharmacy, &c.* London. August.—*The Fourteenth Annual Report of the Lunacy Law Reform Association.*—*The Medical Record.* New York. July 2.—*The American Homœopathist.* New York. August.—*The New York Medical Times.* July and August.—*The New England Medical Gazette.* Boston. August.—*The Hahnemannian Monthly.* Philadelphia. August.—*The Homœopathic Recorder.* Philadelphia. July 15.—*The Clinique.* Chicago. July 15.—*The Medical Advertiser.* August.—*The Clinical Review.* Cleveland. July.—*The Minnesota Medical Monthly.* Minneapolis. August.—*The Homœopathic Journal of Obstetrics.* July. New York.—*The Medical Counselor.* July. Ann Arbor.—*The South Australian Advertiser.* June 21.—*Revue Homœopathique Belge.* Brussels. June.—*L'Union Homœopathique.* Antwerp. July.—*Rivista Omiopatica.* Rome. July.—*El Criterio Médico.* Madrid. June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 50, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THERAPEUTIC CHANGES IN GENERAL MEDICINE DURING THE VICTORIAN ERA: THEIR MEANING AND LESSONS FOR HOMŒOPATHS.

BY ARTHUR C. CLIFTON, M.D.\*

GENTLEMEN, AND MEMBERS OF THE HAHNEMANNIAN BROTHERHOOD.—It is with hearty good will that I welcome you to this, the twenty-third Congress of the homœopathic practitioners of Great Britain and Ireland, and the second meeting of a similar nature in this renowned city of Liverpool.

The former Congress was held just ten years ago, under the Presidentship of our friend and colleague, Dr. Alfred C. Pope, who delivered a most able address on “The Causes of Professional Opposition to Homœopathy.” The papers that were read by Drs. Ed. Blake, Drysdale, and Richard Hughes were most valuable and suggestive, and the occasion was rendered still further memorable from the year during which it was held having been the Jubilee year of the introduction of homœopathy into this country.

This Congress, gentlemen, will be equally memorable, from the fact of 1887 being the Jubilee year of the reign

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\* The Presidential Address delivered at the British Homœopathic Congress, held at Liverpool, September 22, 1887.

of Her Majesty Queen Victoria, and from the additional and happy circumstance of our meeting being connected with the inauguration of the building in which we are now assembled, "The Liverpool Hahnemann Hospital," a building erected through the munificence of a worthy citizen of this place, out of good will to homœopathy and suffering humanity.

With regard to Homœopathic Congresses, and the reason of our meeting here to-day, there need be but little said to show their value and their necessity.

I see before me many whom I have met on former occasions, and a few whose friendship I formed at the first Homœopathic Congress held in this country, thirty-seven years ago, at Cheltenham; and I am sure that you who know so well what these meetings have been, will agree with me in saying that we ever look forward to them as opportunities not lightly to be missed, serving as they do, not only for the ratification of old friendships and the formation of new ones, but for the mutual exchange of thought and experience, the extension of our intellectual environments, and as stimulants to further work and to unity among ourselves.

These anniversaries are, moreover, requisite because of the danger to which we are all exposed of becoming lop-sided, narrow in our aims and work in consequence of our ostracism by the dominant school. For this reason, if there were no other, it is incumbent on us to meet at least once a year, and whilst doing so as believers in the great therapeutic doctrine of similars, giving at the same time the right hand of fellowship and welcome to every medical man, and showing in all we do such a broad and catholic spirit as shall win the respect even of the unconverted, and in this way help towards the attainment of "many flocks in one fold."

Former Presidents of our Congress have by their addresses not only left memorials of themselves which we must ever cherish, but varied in thought and nature as those addresses have been, they may well be taken as models, not, indeed, for servile copying, but as indicating what, by your endorsement of them, you have thought should be their nature.

In considering to-day some of the phases of medicine that my predecessors have considered, or the changes that have since taken place in it, and laying before you

my reflections thereon, I must say that while it would be a piece of the rankest vandalism on my part intentionally to step into the deep and characteristic "footprints on the sands of time" they have made, which I could do only to blur them, some expressions of thought similar to, or even identical with theirs may be forced upon me. And further, whilst due regard should be paid to what you consider are the requirements of an address, the choice of a subject must nevertheless be regulated, in a measure, by the mental activities and proclivities of the man you have elected to this honourable post. "Every man after his own order." Acting on this impression, gentlemen, I have chosen as the subject of my address to-day—**THERAPEUTIC CHANGES IN GENERAL MEDICINE DURING THE VICTORIAN ERA: THEIR MEANING AND LESSONS FOR HOMŒOPATHS.**

This subject, gentlemen, will, I fear, at first sight, appear to many of you trite and unattractive, but my object is not so much to consider the number and variety of the changes in general medicine, as their intrinsic character and what they indicate, and also to notice, in connection with this, some of our errors in the past and our duties in the present, and so to "point a moral" rather than "adorn a tale."

And now to my task. I shall first consider the state of therapeutics in 1837, and here I shall not detain you with more than a very brief outline.

Homœopathy, only introduced into this country a few years previously, may, by reason of the comparatively little impression it had then made, be passed over at this stage of our enquiry, except to notice that, whilst it was but little known and still less understood by the general body of the profession, it was nevertheless denounced by them as a mere "hocus-pocus," a delusion and a snare; and by one of the physicians of your city, homœopathy was compared to a "hydra-headed monster which, 'like a tall bully, lifted its head and lied;'" whilst its author, Hahnemann, was caricatured as a wild dreamer and a mountebank, and the disciples of Hahnemann were sneered at as "knaves or fools."

The *principles* or *methods* of therapeutics at that period, you will remember, were, mainly, the antipathic, the allopathic, and the empirical, and these, in their application, were based on the science of pathology, in the

restricted sense in which it was then understood ; and as that science, if such it could rightly be called, was highly materialistic and humoral, the nature of the measures for overcoming disease corresponded to it, consisting chiefly of drugs in a very gross form, together with moxas, issues, setons and venesection by leeches, the lancet, the scarificator and the cupping glass.

*Materia Medica* was in the crudest state, the knowledge of drug action was solely sought after, "*ab usu ex morbis*," and the several drugs were classified as aperients, alteratives, diaphoretics, emetics, sedatives, tonics, &c.

The polypharmacy of that period, too, was a disgusting "pot-pourri," and the extravagant dosage of drugs which then prevailed will also recur to your minds.

Such was the *practice*, and inspiring it was a *faith*, strong, definite and unwavering, leaving in the minds of its possessors "no hinge nor loop to hang a doubt on"—and although it was a faith not founded on an accurate or intelligent interpretation of phenomena, it was, nevertheless, most workable.

Such were the therapeutics in general medicine in 1837, but "the old order changeth," and very different are the therapeutics of 1887.

The principles or methods in medicine to-day are no longer confined to the antipathic, the allopathic, and the empirical, but there are, in addition, the analeptic, the antiparasitic, and germicide methods, besides others less marked in character ; yet, from amongst them all, there is no particular method singled out and adopted to the extent of being regarded as a general rule of practice ; the "rational" school of medicine, as the medical leaders of the day designate themselves, recognise no fixed or polar star as a guide, but "Eclecticism," "go as you please," is the order of the day. Moreover, in the carrying out of these methods, the science of pathology is still made the fulcrum. Pathology, it is true, is now understood in a much wider sense than formerly, and has become more of a science ; we have arrived at a more accurate knowledge respecting the causes of many diseases, their manifestations and modes of development ; theories respecting the essential nature of disease have also undergone change, largely in the directions of the teachings of Hahnemann, Tessier and Drysdale ; yet, with all the changes and increase of

knowledge, pathology remains to a great extent materialistic, speculative and uncertain, and is at the best a very sandy and unsafe foundation for therapeutic purposes.

*Pharmacology*, you are aware, has made some progress, although not far in our direction, for a knowledge of drug action is still sought for "*ab usu ex morbis*," and by experiments on the lower animals, instead of on the healthy human organism, and, consequent on this irrational method of investigation of the action of drugs, but little good has as yet been accomplished, and how little this good is, will be seen in Dr. Whittla's address at Dublin last month.

With regard to *therapeutic agents and measures*, there is a vast change. Electricity, galvanism, massage, and baths of various kinds, agencies of great value, known and used to a slight extent in 1837, these have all been studied of late years with great care and diligence, and as the result of such investigation the indications for their use are more clearly defined, and their employment is more general and successful. The *Pharmacopœia* of to-day is very unlike that of the former period; many of the old and well-known drugs are now omitted, and in their place there is a variety of altogether new drugs, rivalling in elegance of form and definiteness of composition the pharmaceutical preparations of our own school, whilst mineral waters have in a large measure displaced the traditional blue pill and black draught.

*Polypharmacy*, too, has become much restricted, and the corresponding vice of large dosage is reduced so far as it can be consistently with the antipathic method of prescribing; whilst, as a climax in the change of remedial measures, we rejoice that the cruel auxiliaries of the former period—the moxas, the issues, the setons, and the venesections—that these are now moribund, and that over them may be written, as over many other things, "Ichabod."

Nor must we fail to notice important changes on the old lines of thought in some of the dicta of leading men in the old school, such as: "Whilst physical signs help us to detect only coarse and decided changes, and are chiefly useful in diagnosis, symptoms are far more useful in prognosis and in treatment;" and we are further told, "the whole of the symptoms, objective and subjective, including the mental and moral phenomena pertaining



to each individual case, must be taken as guides for medical treatment rather than any nosological form of disease."

These departures from the old teachings in medicine, bearing as they do to a large extent on therapeutics, and which are, moreover, in accord with the very alphabet of homœopathy, have for us a profound significance. Finally, in the place of the old and sturdy faith, so sublime in its comparative ignorance, we have now the hazy doubt of the country general practitioner, and the tranquil scepticism of the city physician—a doubt and scepticism extending not only to all methods of therapeutics, but to the curative action of drugs as well. What a change! From the confident Sangrados and materialists of the past to the saying of Sir Wm. Gull (an echo of many others): "People do not get well by drugs—the duty of the physician is not to give drugs but to see that nature's powers are not interfered with."

Nor is this all. To make the contrast complete, this very *Vis Medicatrix Naturæ*, alluded to by Sir Wm. Gull and others—even this rock and shelter for the disabled and distressed—is now shown to be as unstable as the famous rocking-stone on Mount Ephraim, and, like it, has indeed been thrown down by no less a champion in the orthodox camp than Dr. Benjamin Ward Richardson, who says: "The belief in this process of nature has, in the concrete, no basis whatever—that the term is entirely a misnomer, except it be limited to the simple capacity possessed by the organism at different periods of life to resist gravitation."

And yet again, what is the reflection that will naturally be cast upon those who are content to trust a patient to a supposed inherent tendency to recover? Let Dr. Richardson once more supply the answer: "When," he says, "we leave disease to what we glibly call nature for cure, we confess ourselves to be what we are, incapable men invoking an incomprehensible, indefinite power."

When, gentlemen, we see this new attack on one of the strongholds of expiring confidence, we may well say that 1887 sees not only "the eclipse of faith" but the anarchical midnight of agnosticism.

These, gentlemen, are the leading changes in the therapeutics of the old school since 1837. If time permitted I might go more into detail, and show other

though minor changes which have occurred; and, still further, if I critically reviewed *The Address in Medicine* by Professor Gairdner at Dublin last month, and the addresses delivered by other gentlemen on other aspects of our art—together with the discussions which followed them—though the evidence of the facts I have endeavoured to demonstrate would be increased, the facts themselves would not be materially added to; hence it is that I do not dwell upon these most recent contributions to retrospective medical literature.

From what I have laid before you respecting the said changes, you will see that “night’s candles are not yet burnt out,” nor indeed does “jocund day stand tip-toe on the misty mountain-tops.” Yet we can see in this want of stability and this prevalent scepticism tokens of that “centre of indifference” as to the principles of therapeutics which, as Carlyle would say, is halfway on from the “everlasting No” to the “everlasting Yes.”

I have brought you thus far, gentlemen, along the defiles of introduction, on a well-known road, and at last arrive at the central point of my address, viz., the intrinsic character of these changes, and *their meaning and lessons for homœopaths*. To loose thinkers among the British public, the words “Reformation” and “Revolution” may appear interchangeable, and all discussion on them as vain as the traditional contest “between nose and eyes” “to which the said spectacles ought to belong,” but to men of principle and action the difference in their meaning is profound: “Revolution” being a stirring up of the depths, a change to new lines and to new principles, and settling on a new course with a new star as beacon; and this cannot be affirmed of “General Medicine”—for the additional methods and the additional therapeutic agents, with the restriction and obliteration of some old ones, this constitutes no stirring up of the depths, for the changes are only on the old lines, and in them there is no new star or beacon—they are only a “Reformation”—for the old empiricism is behind; in fact, Dr. Gairdner remarked: “The healing of disease is still largely empirical.”

It is true the old school have appropriated many of the drugs we use, employing them, too, in forms of disease similar to those in which we prescribe them, and in states to which they are homœopathic; the principle

of *similia* has moreover gained acceptance under cover of the opposite action of large and small doses, and is now admitted to be a rule of partial application.

Until, however, this principle is more clearly seen, understood, and made a general rule of practice, we must consider this and other changes small in effect and still smaller in character, partaking only of the encouraging nature of a "Reformation" rather than the satisfying results of a "Revolution."

Now, gentlemen, in this process of Reformation even our opponents admit that homœopathy has played a part, but you are aware it has had a much larger influence than appears either on the surface or from the extent which its acceptance by the old school would indicate. We have recently been told by Professor Gairdner that "the evolution of the art which has been going on is not at all the work of any one man, or of any one school—but the spirit of the age," and this we accept, but say further, that whoever will carefully examine the writings and teachings of Hahnemann in connection with the therapeutics of his day, and compare them with those of the present day, will see that although the changes have not been on the lines laid down by him, they have been in that direction, and that he more than others has influenced "the spirit of the age" alluded to, and which we in a measure, and on the same lines have helped to mould. We cannot, however, rest here, but must carry on the "Reformation" to that which shall also be of the satisfying nature of a "Revolution," and towards this we must first direct our efforts towards correcting the aberrations of the so-called orthodox in relation to homœopathy.

Now you are well aware that somewhat recently we have had a glaring instance of the fallacies of the faculty respecting homœopathy, by no less a man than Dr. Lauder Brunton, in relation to one aspect of it, viz., what "constitutes a homœopathic medicine." I will not detain you with the details of the point in dispute, for you all know them, and that Dr. Brunton's view of the case is altogether an erroneous one, and his obscurity of vision the more remarkable, from the fact that he had culled so largely what suited his purpose from Dr. Samuel Potter's work on *Comparative Therapeutics*, in which the principles of homœopathy are pretty clearly set forth.

This piece of ignorance, together with other instances of the misunderstanding and misrepresentation of homœopathy with which we are constantly meeting, is a proof that much more teaching of its principles is required, notwithstanding all that has been done in this way by some of the most able and lucid writers on the subject, and although, too, every registered medical practitioner in this country has within a recent period been furnished with a copy of that clear and concise prize essay on *The Medical Treatment of our Time*, written by Dr. John D. Hayward, of this city.

Let us therefore clear the ground once more ; and first from what homœopathy is *not* before going to what *it is*. This for yourselves, gentlemen, is, I am fully aware, perfectly needless ; but it is needful here, for the sake of those who are opposed to us, and for the yet further elucidation of the essential nature of our principles in contrast to those of the old school.

In the first place, you will say, homœopathy is *not* the endorsement of all the teachings and theories of Hahnemann.

It is *not* a complete system of medicine, nor is the principle of "similia" the sole and universal principle or method in therapeutics, nor has this been claimed for it either by Hahnemann or his disciples. The master himself pointed out the need for antipathic and other methods in some cases of disease.

It does *not* neglect the teaching of physiology, pathology, hygiene, and preventive medicine, but cultivates those sciences, and makes use of their lessons equally with the dominant school.

It does *not* ignore the value of physical signs and objective symptoms in diagnosis, nor neglect to trace them as well as subjective symptoms back to their pathological indications.

It does *not* consist *simply* in giving one medicine at a time, and that in infinitesimal doses.

*Neither* does it dispute the need for drugs in material doses, when used as antiparasitides, germicides, vermicides, or as antidotes to poisons, or even as palliatives in special cases, not coming within the domain of cure.

All these points, Hahnemann himself tacitly, and in some instances openly admitted, and his followers have all along done so. And you will say, so far as the

reverse of this is affirmed by the profession or by others, such affirmation is grossly and ludicrously false.

I may now turn to what Homœopathy is, and you will agree that its essential features cannot be more clearly stated than in the words of a well-known hand in medicine: "Homœopathy is a therapeutic method, formulated in the rule *similia similibus curentur*—'let likes be treated by likes'—the two elements herein implied are the effects of drugs on the healthy body, and the clinical features of disease, in either cases all being taken into account which is appreciable by the patient, or cognisable by the physician, but hypothesis being excluded; that medicines selected on this plan are administered singly, that is, without admixture, and in doses too small to excite aggravation or collateral suffering."

Homœopathy as so stated in detail may be summed up in the following points:—

1st. The provings of drugs on the healthy human organism in order to ascertain their physiological action.

2nd. The administration of the said drugs in cases of disease on the principle of "similia."

3rd. The single remedy.

4th. The minimum dose.

With regard to one of these points, viz., the principle of "similia," Hahnemann admitted that Hippocrates recognised it as a method of cure to a very limited extent; but we say that it is to Hahnemann's glory and renown that he not only examined into every phase of its applicability in the therapeutics of his day, but he developed and formulated it, showed it to be of much wider application and significance than Hippocrates, not indeed to the extent of its being an universal law, comparable with the law of gravitation, but as serving for a *general rule or method in therapeutics*.

Now, if this principle as further brought out by Hahnemann is taken, with the other points which I have named, as characteristic of homœopathy, if these are examined either in detail or in the concrete, they will be seen to be not only the reverse of the principles of the old school, but essentially and rigidly revolutionary in nature, and were acknowledged to be such by Professor Gairdner the other day, who alluded to "homœopathy" as "the revolutionary child of the 18th century."

And this brings me, gentlemen, to the further question, one to which I ask your attention, for on its right interpretation or answer our future policy should mostly rest, viz. *Why the changes in therapeutics have not been more on our lines?* And I submit that, so far as I can read the lessons to be derived from a review of our past policy, it is largely owing to the fact that we have not recognised our principles as revolutionary, a consideration all the more to be borne in mind in the presentation of them to the profession, especially in this country, because of the character of the English people, so indisposed to radical changes, and the especial tendency of the medical profession to regard all deviations from old paths as pernicious heresy.

That this charge against our policy is largely true, you, gentlemen, with your knowledge of its past, will, I feel sure, admit; that instead of recognising our principles to be what they are, and presenting them in the most attractive form, we have handicapped "the rule of similia," by connecting it with theories as to the nature of disease, and by verbal quibbles about "organopathy," "antipraxy," and the like, certain to provoke question and hinder the spread of the doctrines and practice of homœopathy. The subtleties, again, respecting the dynamisation of drugs, and the infinitesimal dose, which are even yet unproved, we have made to be a stumbling block to the understanding of our elementary principles, and have thus called the attention of the profession to the least defensive aspects of what is to them "our absurd system." We have, in fact, treated hypotheses as facts, and blended essentials and non-essentials into one whole, and so far have damaged our cause; and, dangerous as such errors would be to any course of action, they are doubly paralysing to a cause which still has its way to win and still its victories to achieve.

Notwithstanding the obvious evils which these mistakes have caused, they have a bright side in the hopes they give of what we may achieve, if we mend our ways and are more careful in the future to point out the exact nature and the limitations of homœopathy, as a method of therapeutics, whilst we disclaim the false accretions which have gathered round it; if we do this, and at the same time augment and husband our resources and accumulation of knowledge, our progress must be more

rapid and sure, even if you attach but little importance to the more detailed modification of our action, which I shall describe and suggest.

Yet, gentlemen, between the mention of past faults and the diagnosis of present weaknesses we may rejoice that the attitude of the public towards homœopathy is what it is, that with their aid, as in the late "fiasco" of the so-called "orthodox practitioners" at "the Margaret Street Hospital, in London," our battles for "liberty, equality and fraternity" will, if we are only true to ourselves and to the cause we have espoused, never terminate otherwise than in victories.

Recognising this state, and the fact that homœopathy has hitherto reached the profession largely through the laity, some of our number have thought the same channel of approach should still be resorted to—a proposition that commanded my assent a year or so ago, in relation to the formation of "The Homœopathic League," for the purpose of diffusing a more full and correct knowledge of our principles amongst the people, so that they may be still better fitted to help our cause in the future. "The Homœopathic League" being now well established, I think we may fairly leave it to the laity themselves, who are strong enough and advanced enough (with the help afforded by our serial literature) to carry on the work successfully.

Our hands in this direction being thus set free, it is the more incumbent on us now to grapple in a *higher way* with the task of adapting our polemics and persuasions to the *wooing of the profession* to a clearer perception of our principles and to their adoption in medical practice. The prosecution of this task we are, moreover, nerved to by the insulting ignorance which says "there is no evidence that any internal inflammation has ever been cured by a homœopathic medicine," and we are strong to achieve this by reason of the mass of clinical evidence behind us, and from our sense of the duty we owe to ourselves, to the public, and to that science and art, in devotion to which we yield nothing to the traditional majority.

With this aim before us our attention is naturally directed first to see that our own house is in order.

What meets our gaze here is calculated to encourage us. Internal questions which threatened to consume



much of our strength in undesirable friction are now working themselves out quietly. "The London School of Homœopathy" is provisionally settled. Questions respecting the dynamisation of drugs and the small dose are being courteously and amicably investigated, and by such means their relative importance and proper place will in time receive their due award.

Difficulties no doubt exist, and will for long be many and great, envenomed as they are by the attitude of the dominant portion of the profession; but the certain solvent in which they must finally disappear is that catholic spirit which is quick to recognise the valuable union of varying minds, and which is only violated when enthusiasts and their opposites cease to dwell together in unity.

The collaboration of our American brethren in several aspects of work also adds to the breadth and harmony of our position, and it only needs such lines to be more thoroughly pursued to make the state of our internal polity entirely satisfactory.

The working of this influence will also do more than preserve us from internal dissensions, it will suggest the proper means of our defensive policy towards those whom we would win.

And here, gentlemen, I would recommend that we show a larger amount of toleration in a matter which we have often treated with polemical hostility. I allude to the surreptitious appropriation of homœopathic therapeutics, by Ringer, Phillips, Brunton and others. It is an essentially wrong procedure, and one adapted to excite our indignation at the want of honour in our opponents, and although this pilfering of principles under another garb is common to the opponents of all reform or revolutionary movements, it cannot be defended. The extent to which this has been carried on you are aware was most lucidly brought out by our colleague, Dr. Herbert Nankivell, in his presidential address at Norwich two years ago.

Yet I submit that it will be well for us to view it rather with *benevolent interest*, for it is due either to *ignorance* or *timidity*, or to both—ignorance of the character of the spoil, or timidity if its parentage were made known; and it is our duty as scientists to be patient with the *ignorant*, and as physicians to give encouragement to the *timid*.

Nevertheless we cannot pass it by; we must show its shortcomings and point out how such "tips" are but the bastard offspring of our principles—show how they fall short and where they fall short of the characteristics of the action of drugs on the human organism, and their application to special forms of disease. This *may* be tenderly, but *must* be clearly done.

If our sense of justice or vanity seem to demand that the source of the acquisition be made known, we may safely leave it to rival practitioners in that school to supply this information; that they will do so we have had several instances within the last year or two. I would, therefore, say with Cordelia, "time shall unfold what plaited cunning hides."

Although we cannot look upon these purloiners of our armoury with satisfaction, we may, nevertheless, rejoice that even by such unworthy means a knowledge of the principles for which we are contending is further extended.

Such, gentlemen, I would recommend should be the general line of our defensive policy, but it is a policy which must be carried out with endless patience, for others cannot see at a glance what it has taken us years to see fully. It is, indeed, sadly and largely true that men perceive only what they have in a measure been trained to see; but though this policy will only work slowly, and oftentimes imperceptibly, it is sure of success, and in the end "truth will prevail."

In addition to this steady and intelligent action for the *wooing of the profession* to a correct knowledge and full appreciation of homœopathy, we must look to our own acquirements, our own armour and equipment in the science and art of medicine; for once more, to adopt the words of Professor Gairdner, "It is much more easy to show that we know more, than that we cure better." It is not enough for us to have a correct theory and pursue an unrivalled method of therapeutics, but we must perfect our own knowledge of drug action, and attain to a clearer conception of the requirements of the dose, be able to adapt such knowledge with discernment and promptitude to every phase of disease, and link it with every department of medicine.

We must do *more* than cure where the so-called orthodox cannot, we must cure all they can, for their eyes

are naturally fixed on our failures rather than on their own, on cases uncured by us which have yielded to them.

It is, moreover, our duty to remember that we are not only homœopaths but physicians, and must keep abreast of the times on all matters bearing on the science and art of medicine.

We must not neglect the study of pathology in its widest and truest sense, but investigate every theory and every piece of experience relating to the cause and development of disease, for, although a full and intelligent symptomatology is our surest guide in medical treatment, pathology, in its future growth and knowledge, is not only destined to play a most important part in medicine, but will be an additional help to us, of no mean order, especially in those diseases which furnish us with but few signs or symptoms to lay hold upon, and for the treatment of which the provings of drugs on the healthy, so far as they have been carried, shed but little light.

We must cultivate, also, a fuller knowledge of the sciences of hygiene and dietetics, understand the developments and methods of application of electricity, galvanism, massage and balneology, and all fresh aspects of medical thought and experience.

We must, moreover, gradually enrich our ranks with men who will rival the members of the dominant school as *specialists*, in a minute knowledge, and the successful treatment of local manifestations of disease—men who will extend and intensify the fame of those who are now working amongst us.

Surgery, too, distinct as it is from medicine, is always near and touches it, and either branch is maimed when divided from the other, and this department of practice, especially operative surgery, must be more fully cultivated. And as the future will not be so much occupied in fighting for mere life and liberty; a stand-point, a *modus vivendi*, having been gained for homœopathy, we look to our younger men to advance from the din and turmoils of the past to the inheritance which will be theirs.

In addition to this course of action, we must welcome truth from every quarter, professional or lay, but whilst doing so, I would submit that it behoves us to shun the faintest flavour of quackery; the mere name or guise of homœopathy must not delude us into countenancing any

false pretenders or secret medicine-mongers, such as "Count Mattei" and his so-called "electro-homœopathic remedies," and I contend that, until the composition and method of preparation of such remedies is clearly made known, so that their adaptability as homœopathic agents or otherwise in disease can be recognised, that if we wish to try them it should be on ourselves and not on patients who commit themselves to our care. In the same light we must discountenance the secret remedies put up and sold by homœopathic chemists for "indigestion," "constipation," "liver derangement," "rheumatism," "neuralgia," and other conditions of disease, nor can this practice be excused on the ground of its being common to general pharmaceutical chemists, as prescribing in this fashion, either by professional men or laymen, is not only a vice but in direct opposition to the principles of homœopathy, and is proportionally detrimental to our cause. This practice we must ever denounce, but whilst doing so we must bear in mind that it is to our chemists we have to look for the purity of our medicines, which require a large amount of care and time in their preparation, as well as of fidelity in the men themselves. We must, therefore, remove the cause for reproach by doing much more for our chemists, as we can and ought, even where the circumstances of our patients or other causes prevent us from always writing prescriptions; and we may be quite sure that all loyal support afforded to them will re-act on the well-being of homœopathy.

And now, gentlemen, I turn to another aspect of our policy. We must develop and extend both our literature and our institutions, and here comes to the forefront the consideration of the state of our *Materia Medica*. We know, far better than our opponents, the difficulties under which it was first composed and set out, difficulties largely due to the fact that no one before Hahnemann had, to any practical purpose, proved drugs on the healthy human organism, and that until then there was no *Materia Medica* worthy of the name; the plan and arrangement he adopted was the best that was possible for the time, and even its permanent value is witnessed to by the new translation and new edition of that portion of his work, and indirectly by the gathering together of his provings of drugs, and the provings of

others by Dr. Allen in the ten volumes that have been published of *The Encyclopædia of Materia Medica*.

Yet this *Materia Medica* with all its virtues has been a great stumbling-block to the profession ; they could not and cannot understand it, it is contrary to all they have hitherto conceived, and is out of harmony, too, with the scientific aspects of the position they assume, and although it remains for us to fall back upon for guidance on many points, and is an enduring testimony to the master's genius, industry and research, it must undergo revision and sifting, and many of its drugs be re-proved and set in new form, all of which we hope to see accomplished on the lines laid down by that zealous and intelligent worker, Dr. Richard Hughes, in his "*Knowledge of the Physician*."

This, as you know, is being carried on with earnestness by those workers in America and this country who are preparing and have already given us a large instalment of what is styled "*A Cyclopædia of Drug Pathogenesis*," unrivalled alike in the excellence of its spirit and execution ; and the fact that the correct picture which it presents of drug action, and which makes it serve for different therapeutic methods, will further commend it to all scientific men whose eyes are undimmed by bigotry, and it will thus form a link between ourselves and the rest of the profession.

In addition to this, you are aware, we have in hand "*The Cypher Repertory*," which is being pushed forward with commendable zeal, and which is a very needful complement to the former works, and a valuable addition to our armoury.

Then, too, we have one volume of monographs on *aconitum*, *crotalus*, *digitalis*, *kali bichromicum*, *nux vomica*, and *plumbum*, by the late Dr. Black and Drs. Drysdale, Dudgeon, and Hayward. These monographs, under the name of "*Materia Medica Physiological and Applied*," are a perfect model of what such work should be, and a volume which we may feel proud to put before any medical scientist.

In all these we have an instalment and an earnest of other works that will speedily follow, if those who profess a belief in homœopathy do but rise to its true dignity and requirements, and are not content with being mere sunflowers or seekers after comfort and ease.

Round the labourers in this field of knowledge we must rally with all our enthusiasm. These works will and must be the supreme monuments of our science and our faith. Other things may occupy our hands, other aspects of the battle may present themselves, but we must ever remember that this is the citadel of our camp, the *chef d'œuvre* of our literature.

The completion of these works will require years of earnest and patient labour. In the meantime, the object of our hopes may be greatly hastened by the production of two smaller and less ambitious works, one on *Pharmacodynamics* and one on *Homœopathic Therapeutics*, similar to those by Dr. Richard Hughes, published some seven and ten years ago, the lustre of which they would in no way dim, but crown and extend. The materials for such new books are readily available, and both of them might be brought out at no distant date, and would be eagerly sought after by the profession, and although they would serve for further pilfering by our opponents, they would, even in that way, extend our cause.

Nor can I fail to notice the admirable lectures delivered at "the London School of Homœopathy" by Dr. Dyce Brown, on "*The Practice of Medicine*," and those by Dr. Richard Hughes and Dr. Alfred C. Pope on "*Materia Medica*." These two latter are the most perfect expositions of drug action we possess, and are far beyond anything of a like nature in the old school. Dr. Dyce Brown has also given us some "*Studies in Materia Medica*," which are equally to be commended. The lectures by Dr. Hughes are, I believe, incorporated in the last edition of his work on "*Pharmacodynamics*," but Dr. Pope's and Dr. Dyce Brown's have hitherto been confined to the pages of our monthly journals, which are only seen by a few members of the dominant school, and I submit that if these were collected, revised, and published in one volume, they would reach our opponents to a much greater extent, and convince them that there is far more in homœopathy than is dreamt of in their philosophy, and that it is deserving of their fuller investigation.

Whilst, too, the publication of these lectures and papers would have the beneficial effect which I have ascribed to them, they would serve to convince some of our colleagues, who have not hitherto been enthusiasts in respect to the "London School of Homœopathy,"

that it has not only been of signal service in the past, but is capable of being made more serviceable in the future in the promulgation both of our principles and practice.

Here, too, I might notice our journals and the valuable aid they render to homœopathy, but as this will be taken up at a later period of the day, I only touch upon them now as being on the border-line between literature and practical science. It is this last which is of most moment, it is round this the battle will always be the hottest; as the late Dr. Black said, "fulness of faith we have, but we base our art on experience." And, we may add, experience is our sheet anchor and the hope of our souls. The increase of our stores of knowledge and the presentation of them to the profession involves, moreover, the development of our hospitals, and in a lesser way of our dispensaries. Valuable, indeed, are the clinical results of private practice, but it is the hospitals more especially which are of value in our aggressive action; for if the weight of evidence is to be borne in upon the minds of our opponents, it must be by the flourishing of such institutions as those in London, Birmingham, Bath, Bournemouth and Hastings, and dispensaries like that which has so long flourished here—a dispensary which has not only been the means of affording relief and cure to thousands of suffering men and women, but has been an immense power in this city in upholding the banner under which we are all fighting.

But more than this, it has educated and trained a large number of men in the practice of homœopathy, and fitted them for carrying on the work in other spheres. And if I fail to enlarge on this point, it is because I see the best augury for the future in the foundation of this building, "The Liverpool Hahnemann Hospital," which will not only add to the renown of this city as the pioneer of progress in medicine, but be the pledge of like new institutions elsewhere, that will carry on our cause to triumph. In speaking of these institutions and the part they must play in our campaign, we may do worse than call to mind the high-souled perseverance and devotion to the science and art of medicine with which leaders in the old school stick to hospital work, in spite of the claims of private practice, and which it behoves



us to imitate. Nothing, in fact, does so much for the great medical schools as the presence and painstaking guidance of the veteran chiefs of the "profession," and if we are to get the full effect out of our hospitals and dispensaries which they are capable of affording, it can only be by our leaders vieing with the so-called orthodox in this respect. If this is done, and other towns follow the example of our colleagues in this city of generously welcoming new practitioners, and in the rejection of the old and unsound notion of "poaching on our preserves," we shall have the reward of those who have "put aside every weight," and may I add, "the sin which does so easily beset us."

Here, gentlemen, might I, and naturally, perhaps, ought I to conclude, but there is one side of the controversy still which demands our notice. We are men, and the personal aspect of the question must be faced, though it must not engross us. We are men equally educated and legally qualified with the rest of the profession, but live under an unbending official ostracism, and are cast out of the camp as "pseudo-scientific lepers" by those who happen to be in power. It is true that in some instances, and to an increasing extent, able and catholic-minded men are willing to meet us in consultation, in difficult and obscure cases, so far as they can do this without incurring the danger of professional incivism and the charge of assenting to principles of which they are not fully cognisant. The courtesy that has in this way been extended to me in recent times I gladly acknowledge, and as I have certainly profited in knowledge by their experience and counsel, I trust our professional intercourse will not have been without advantage in leading them to see that we are not the narrow-minded, exclusive and unlearned men they have been taught to regard us as, nor homœopathy so devoid of science and of philosophy as they had apprehended.

This, however, is only the silver lining to the black cloud, and a cloud that overshadows us, not so much because we are charged with incompetence and intellectual blindness, a charge which the results of our practice are every day disproving, and which, moreover, would readily be forgiven, but we are still further charged with the sin of *sectarianism*—a sin which, in their eyes, is greater than all, and past forgiveness.

We are continually told that “ ‘ general medicine ’ is not a sect,” but that we by our designation, our attitude, and associations as practitioners of homœopathy are so. Yet our critics ignore the fact that a “ sect ” is distinguished *far more* by a refusal to examine and discuss any new principle, and the rigid exclusion thereof, than it is by the rigid adherence to one. No community, indeed, can claim to be catholic which maintains so exclusive a policy, and carries it to the point of such misrepresentation and excommunication as those who assume to be the medical orthodox.

No, indeed! the head and front of our offending is *not* that we are “ sectarians,” it is that having investigated homœopathy, and believing it to be the best method of therapeutics, we base our practice upon it, and openly say so, in justice to our art and also to the public, but unfortunately to the annoyance of “ professional sacerdotalism.”

And further, it is because we see that these principles are either ignored or contemned by the members of the old school, that the only way to ensure them their just place is to make them the bond of our union and the reason of our own separate existence. This is not sectarianism—it is fidelity to truth and principle.

Therefore, gentlemen, to the haughty ultimatum of those who deem themselves the orthodox party, that we must *drop the name of homœopathy, hide our principles, and give no note of what we are and what we follow*, you will reply in such terms as these: “ That we have not cut ourselves off from general medicine, but are true and faithful exponents of all that is good in it, and claim all its rights, privileges, and sources of knowledge; that we deprecate the practical schism which exists between the majority and ourselves, and believe that great good would result to the profession and to the general community were an honest and open union effected on the principles of “ Liberty, Equality, and Fraternity ”—*liberty* for all to practice according to the dictates of conscience without prejudice or ostracism; *liberty* in the medical officering of public hospitals and like institutions, irrespective of medical creed or opinion; *liberty* also for the teaching of homœopathic therapeutics in the medical schools, as well as of *Materia Medica* in its fullest sense—the subse-

quent adoption of any method of therapeutics being left an open question to each individual. Let this "Liberty," this "Equality," this "Fraternity" in *every way* be granted by the powers that be, and whilst such consummation will be for the good of all, the work committed to our hands by Hahnemann will alike achieve its hour of triumph and its death—that work by us as a separate body being virtually accomplished, its further development will be left to the profession as a whole. By such means and by such alone can the breach be healed.

This reply, gentlemen, will I feel sure command your assent, and you will further agree that as homœopathy has gained the position it has, not only in this country but in every quarter of the globe, that as the principle of *similia* in therapeutics is one that can never die, and that as the word "homœopathy" and all that it represents pervades the greater part of the medical literature of the present day, and is a word that can never become obsolete, that under such circumstances if we could by any means be induced to give up such a distinctive title and landmark in medicine before it has gained the full recognition which I have described, we might rightly be designated "Hahnemann-iacs," and incur the contempt and scorn alike of those who are opposed to us, and of our colleagues everywhere.

You are, moreover, aware that homœopathy is much stronger in every way in America than it is here. It has over 11,000 fully educated and qualified medical practitioners, fourteen medical colleges in which its principles are taught, fifty-seven homœopathic hospitals with an aggregate of 4,500 beds, besides numerous dispensaries and medical societies, and an extensive medical literature. With this power in the hands of our colleagues in that country, with their enthusiasm and grit, we may rest assured that if we could be found willing to compromise our principles, they indeed would not; they would never let the beacon in therapeutics be extinguished in so craven a manner; and they would say that if the breach between general medicine and homœopathy is to be healed, it can only be so on the lines that I have laid down.

Towards the amalgamation of the two schools and the obliteration of all that keeps us apart in thought, knowledge, or work, we must nevertheless labour and wait,

and although we mention the personal aspect of the struggle which daily touches us, we must strive to forget it.

No round table conferences or such like expedients of politicians would at this time avail us or hasten on the union. This must be left to the progress of education and good sense on both sides. If we patiently, courteously, yet earnestly carry out the lines of policy here indicated, mindful moreover that we are guardians of that larger catholicity in which homœopathy shall at last be merged, success *must* come. Many of us will not live to see this completion and perfection of our hopes, but it is hastening on, and we must remember that we are not working for ourselves but for humanity. We are part of that army of workers towards the good, the true, and the beautiful, whose work will continue until there will be no more need,

“Until the day break  
And the shadows flee away.”

## ON ELECTRICITY AS A SURGICAL AGENT.

By DONALD BAYNES, M.A., M.D.

QUESTIONS have, on several occasions, been put to me by readers of *The Review* on the treatment of tumours, &c., by electricity, and as the subject is one of much interest, I purpose, as briefly as may be, to describe the present state of our practical knowledge of it, and by the details of a few cases to illustrate its application.

A *sine quâ non* in the use of electricity in surgery is a thorough understanding of Ohm's law :—

$$C = \frac{E}{R} \quad \text{that is}$$

the current equals the electro-motive force divided by the resistance. The current is measured in *ampères*, the electro-motive force in *volts*, and the resistance in *ohms*. As I intend this paper to be chiefly descriptive of the mode of procedure in operating, I will not now discuss this law, but refer my readers to any of the ordinary text books on physics, where it will be found fully described and explained.

ELECTROLYSIS ( $\eta^{\circ}\lambda\epsilon\kappa\tau\rho\omicron\nu$  and  $\lambda\acute{\upsilon}\omega$ ). Dr. Butler says when two or more needles, connected with the poles of an

apparatus generating a galvanic current, are inserted into living animal tissue, the following results take place: the blood-vessels of the part become dilated and engorged, producing intense hyperæmia, and the absorbents are stimulated to increased activity. In short applications with weak currents the effect practically ends here, but should the action of the current be continued or increased, the albumen of the part becomes coagulated, and with a still stronger current the water of the tissues becomes decomposed, the oxygen being attracted towards the positive pole, and the hydrogen towards the negative, to find vent at each of which the gases bubble violently through the intervening structures, tearing fibre of muscle, separating cells, nuclei and filaments, &c., and mechanically destroying anything that may oppose their egress. The salts of tissues are furthermore resolved into their component acids and alkalies, the acids being attracted to the positive pole and the alkalies forming round the negative, where each acts as a powerful escharotic and produces sloughing. Thus the tissue acted upon is made to destroy itself, through its own contained reagents.

The operation thus described may practically be divided into four stages.

1. The dynamic or absorbent stage.
2. The coagulating stage.
3. The stage of mechanical disintegration.
4. The escharotic stage, or the stage of complete and ultimate electrolysis.

In the treatment of serous effusions, recent soft strictures, &c., the effect obtained by the first stage will be sufficient; the second would be applicable in the treatment of cases where simple coagulation of the blood is all that is necessary, such as piles, aneurisms, varicose veins, &c. The effects of the third and fourth stages are necessary where destruction of the growth is called for, as is the case in cancer, fibroids, &c. A good galvanometer in the circuit is necessary in order to measure the quantity of electricity required.

Cystic tumours are successfully treated by electricity. Among the more important may be mentioned hydrocele, ovarian tumours, cystic goitre, &c. In hydrocele, two needles may be employed; they should be made of platina

and properly insulated and introduced carefully into the cyst in such a way that only the uninsulated portion is in the cyst. Then attach one needle to the negative pole and the other to the positive, using a current of about 30 milli amperes. Now slowly move the negative needle, so as to touch as much of the wall of the cyst as possible ; after doing this, let the negative needle remain at rest and do the same with the positive needle. Ten minutes to a quarter of an hour will be a sufficient length of time for the current to flow. The patient should keep his bed for a few days after the operation. Cystic goitre may be treated in a similar manner. Ovarian tumours, on account of their size, would require more than one application, and a current of about 32 milli amperes should be allowed to flow for 10 or 12 minutes at each sitting. The necessity of having properly insulated needles will be apparent to every one, or the patient will most likely die of peritonitis.

In malignant tumours, the advantage of their removal by electrolysis is that the tendency to return is greatly diminished, and there are many instances on record where a malignant growth, having returned after an operation by the knife and being then removed by electricity, the patient had recovered, and no tendency towards a recurrence has appeared, although the patient has been under observation for several years. If the growth be very large it is, perhaps, best first to remove it, and then thoroughly electrolyse the wound. There are several ways of removing a malignant growth by electrolysis. Dr. Butler recommends the following:—Transfix the healthy tissue beneath the growth with several fine insulated needles, they should be parallel and sufficiently long to reach through the diameter of the part to be removed ; they should be placed close together, the nearer the better ; connect these with the negative pole ; to the positive pole one or two thick platinum needles are attached, which are thrust into the body of the growth. After a few moments, a whitish-gray eschar will be noticed around each negative needle, these eschars grow larger and larger until they ultimately coalesce ; when this occurs, we may conclude that the blood supply has been entirely cut off, and the needles may be withdrawn. About the third day, a distinct line of demarcation is noticed between the eschar

and the healthy tissue, and in eight or ten days the slough comes away, leaving a healthy granulating sore.

Another plan, and one which I like, is to insert three or four needles into the base of the growth to be removed, and insert on the opposite side a like number; these series of needles are to be respectively connected with the negative and positive poles of a battery; after leaving them *in situ* a sufficiently long time, remove them, and insert them again in a similar manner into a fresh portion of the growth, and so on until the whole has been thus treated. Here again the line of demarcation will appear about the third day, and the slough will come away about the tenth or twelfth day, occasionally much earlier. In some cases, needles attached to the negative pole only are inserted into the part to be acted on, and the circuit is completed by a sponge electrode from the positive pole, placed on the adjacent healthy tissue. Dr. Beard has introduced a method, which he calls "working up the base, or electrolysis of the base." The needles he uses are long, spear-shaped, double-edged and tolerably sharp. Dr. Beard thus describes his method of operating: "The patient must first be fully etherised. The method of operating on a *small* tumour is to first insert the needle connected with the positive pole underneath the tumour and near the border. A similar needle connected with the negative pole is inserted also underneath the tumour, and, if possible, at some distance below the base of the growth, so that the point emerges on the opposite side. The current is now gradually let on, and the strength increased, until the electrolysis becomes active, as will be indicated by the yellowish foam that appears at the negative pole, gradually loosening the needle. As the action increases, the negative pole may be slowly worked from side to side, with a slight cutting motion, so as to undermine the tumour; the positive, meanwhile, remains *in situ*, it becomes firmly adherent through oxidation, and need not be removed until the close of the operation. After the tumour falls off, through the undermining of its base, the base itself can be worked up in all directions with the needles, or with the harrow electrode that we have devised for this purpose. After the removal of the growth, it is well to change the position of the poles in working up the base, so that all parts of the surface may



get the benefit of the action peculiar to both poles. If the tumour is a large one, as an extensive epithelioma or scirrhus, it is better to have it first removed by the knife. The base can then be worked up in the manner just described."

After the slough comes away the granulating surface ought to be treated daily with a mild current from the negative pole by means of a metallic or carbon electrode, sufficiently large to cover the raw surface. Fibroid tumours may be treated in two ways; first, by producing an eschar within the growth sufficiently large to excite suppuration, causing an abscess to be formed, and thus destroying the tumour; or, second, by producing several small coagula within the growth, not sufficiently large, however, to cause suppuration, but large enough to lessen nutrition and diminish the blood supply. Dr. Butler, at the December meeting (1881) of the Medico-Chirurgical Society of New York, reported thirteen successive cases of uterine fibroids successfully treated in this manner.

He thus describes his *modus operandi*: "Insert several insulated needles within the growth, as far apart as possible, but as nearly equidistant as practicable. The insulations should penetrate well within the skin or mucous membrane, but it is of course essential (considering the objects in view) that the needles should have long uninsulated points. One of the needles may now be made the positive terminal, and the other the negative; or each alternate needle may be attached to one pole, and the remainder to the other, at the option of the operator. The needles attached to the positive pole should be made of platinum, otherwise there is much difficulty in removing them; besides secondary electrolytic action takes place, which tends to suppurative action around the tracks of the needles, which of course should be avoided. We only require a mild current regulated in strength according to the work to be done; that is, to the size and number of the coagula we wish to produce, and as that altogether depends upon the size of the tumour, it is obvious that no explicit direction on this point can be given, as it is impossible to average such matters. This operation has to be repeated again and again at intervals until the desired result is obtained. There is never much inflammatory action after a properly performed operation, but

always some ; and I make a practice of always waiting at least a week after the inflammatory symptoms of one operation have subsided before making a second. This method is applicable to fibrous growths in any part of the body. I have successfully treated many uterine fibroids, both submucous and subperitoneal, by its use, as well as fibroid goîtres and tumours elsewhere attached."

I will now say a few words about Apostoli's method of treating uterine fibroids. He claims the following advantages for his method of operating :—A rapid shrinking or diminution of the fibroids, especially when they are interstitial (the tumour, however, does not entirely disappear) ; it cures the hæmorrhage, restoring the patient to health by easy, rapid and permanent cure.

The operation is performed by introducing a platina sound within the uterus, attached to one pole of an appropriate galvanic battery, the insulation of the sound is effected by a movable guard of gutta-percha or other suitable material, so as to insure perfect insulation without the womb and thus prevent injury to the vagina. The circuit is completed by attaching the other pole to a large electrode of modeller's clay, or kaolin, placed over the abdomen. The advantage of this form of electrode is that it reduces the pain of operation to a minimum, and prevents the sloughing and injury to the skin which would ensue were a small metallic or carbon electrode used. In all hæmorrhagic fibroids, or where there is a good deal of persistent leucorrhœa, the active intra-uterine electrode is attached to the positive pole ; on the other hand, in an opposite kind of fibroids, especially when there is great dysmenorrhœa with a previous history of metritis, the negative will be the intra-uterine pole.

The strength or amount of current used is very great, indeed, as much as possible is given ; Dr. Apostoli, in the first or second application, gives as much as 100 milli amperes, which is gradually increased. The duration of each *séance* is from five to eight minutes, and from 20 to 30 applications are usually required, one or two operations may be made in a week. The intra-uterine electrode should act upon the whole extent of the uterine cavity.

I will now mention a few diseases in which electricity as a surgical agent has been proved to be of the greatest possible value. It has been the means of restoring

health in instances which had proved quite intractable to other means of cure. In piles, for example, the cure is rapid, permanent and devoid of the many disadvantages of ligature, clamping, &c. In synovitis and enlarged glands it is of the greatest possible value; also in strictures, cystic tumours, moles, polypi, mothers' marks or nævi, malignant growths, ulcers, and many other diseases requiring surgical interference; and lastly, the medical man will appreciate its use in removing superfluous hairs from the face. By means of electricity this great annoyance—especially to ladies—may be easily and permanently removed.

In conclusion I will append some cases in illustration.

CASE I.—*Fibro-myoma of Uterus.*

Miss —, Dublin, consulted me May 30, 1886. On examination I found an interstitial fibroid tumour, somewhat smaller than a hen's egg, on anterior aspect of the uterus near the fundus. The patient presented a blanched appearance from excessive hæmorrhage. She was very weak, had little or no appetite, and her bowels were constipated. Her period lasted ten days, and returned every two, or at the longest interval every three weeks. The loss was very great; some days amounting almost to flooding.

May 31st. I commenced treatment with the positive pole of a galvanic battery passed into the uterus by means of a properly insulated platinum electrode, and completed the circuit with a large-sized pad over the abdomen connected with the negative pole; the strength of the current used was 50 milli amperes. The *séance* lasted about ten minutes, and was repeated every other day for a week, when I increased the current to 60 milli amperes and later on to 70 or 80; repeating the application about three times a week, continuing it for another four weeks. The tumour was now reduced to about the size of a walnut, or less, and gave no farther trouble, the period being normal and the appetite improved. She quickly recovered her health, and is still strong and well, having had no return of any of her former symptoms.

*Recurrent Cancer (Scirrhus).*

Mrs. H—, 45 years of age (a dispensary patient), consulted me about a lump in her right breast. She had had her breast removed nine months previously for

cancer at one of the general hospitals, and the present lump was growing from the cicatrix of the old wound. It was hard and about the size of a walnut. I applied a spade-shaped electrode, attached to the negative pole of a galvanic battery, to the growth, closing the circuit with a broad sponge electrode, using a current strength of about 50 milli amperes. I made a second application in about a week with a prong, or sharp-pointed electrode.

Subsequently, to keep up the action, two applications a week for about a month were made to the sore with a metallic disc attached to the negative pole and an ordinary sponge to the positive pole, placed close to the breast. The nodule sloughed off, the sore healed, and after the lapse of a year she had had no return of her trouble.

#### *Hæmorrhoids.*

Mr. R— had suffered with hæmorrhoids for several years, and to add to his trouble, one or two would sometimes come down while walking in the street, compelling him to go into a shop or hotel to replace them. In fact, the patient's life had been a misery to him for two or three years. He had an objection to the usual operation, as he was a nervous man, and dreaded anything like an operation with a knife or ligature. When I suggested removing them by the electro-cautery he at once agreed, and I operated the following day. He was placed under the influence of ether, and I punctured each pile to its centre with a conical electrode at a dull red heat. The hæmorrhoids were then smeared with vaseline and returned; they sloughed away in three or four days, and my patient went out for a walk in ten days, and then returned to his occupation in good health and spirits, and has not suffered since.

#### *Removal of Superfluous Hairs.*

Mrs. — consulted me about hairs growing on her chin and upper lip, the hairs on the chin being coarse and black, and so disfiguring that she was forced to shave. I had several sittings and removed them by electrolysis. Some few returned and were afterwards removed, and there has been no subsequent growth. I operated as follows:—The positive pole was connected with a flat broad sponge electrode, placed on the nape of the neck and kept in place by a piece of tape; the negative pole was

connected with a handle holding a sharp triangular or bayonet shaped needle; this I held in my right hand. In my left I had a pair of ciliary forceps, with which I laid hold of a hair, and placing the needle in contact with the skin, at the point of exit of the hair, allowed it to enter into the hair bulb by its own weight and accompanying electrolytic action. In a second or two, a white viscid froth appeared around the needle, the hair became loose, and was taken away without any effort. I may mention that before removing the needle I gave the handle a half-turn, which brought the sharp edges against every portion of the hair bulb, thus ensuring its complete destruction.

44, Brook Street, Grosvenor Square,  
August, 30th, 1887.

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### AMBROSE PARÉ.

By S. H. RAMSBOTHAM, M.D., Edin.

“This world of ours is an old world, full of the works and records of many generations. We are in daily contact with the fragments of the past, with traces here and remains there which attract our attention either for their intrinsic beauty and utility, or as indications of the manners and habits of mankind in former ages.”—*The Earl of Iddesleigh*.

SHOULD any apology be deemed necessary for venturing to place before the readers of a *Review* dedicated mainly to the records of present active therapeutic work, a paper dealing with so antique a figure as that of the “famous chirurgeon” whose name stands at the head of this article, I would make it in language similar to that above quoted. And indeed it would seem not inappropriate now and again to withdraw our thoughts from ourselves, our own immediate interests and actions, and try to realise what has been accomplished by those who in former times were workers in the same sphere of labour with ourselves. For although we consider ourselves, perhaps with justice, as laying the topmost stones of the temple of medicine, we ought not to forget that after all we are building upon other men’s foundations; and that but for their labours we might have still been digging and delving for sure ground whereon to build. Or if we are disposed to pride ourselves on the superior accuracy and finish of our work, it may serve to keep us humble if we

reflect on the splendid results achieved by men with coarser tools and far less knowledge than ourselves; nay, with knowledge sometimes so inaccurate that, like a will-o'-the-wisp, it could serve only to lead them astray.

Thoughts such as these have been suggested by the career of Ambrose Paré, whose works I have recently, through the kind courtesy of Dr. Sharp, of Rugby, had an opportunity of perusing in a somewhat rare folio volume printed in London, in 1665, and of which I have hitherto seen only one other copy. This perusal served to show that a scant measure of justice had usually been meted out by writers on the history of medicine to a man of such rare and exceptional ability that it may almost be called genius; and should the following sketch prove of interest or convey information to any who may honour it with their attention, its purpose will have been amply fulfilled.

By many French writers Ambrose Paré is spoken of as the Father of Modern Surgery; and by reason of the superstitions which he cleared away and the improvements he introduced, they claim for him equal honour with that accorded to Hippocrates as the Father of Medicine. Born in 1509, of poor parents who lived in an obscure corner of France, his early education seems to have been neglected. But chancing to witness the performance of a surgical operation—that of lithotomy, which at this time was almost entirely in the hands of specialists—he was so struck by what he saw that he straightway set off to Paris, seeking to qualify himself for the practice of so noble an art as that of surgery. He made no mistake in the choice of a profession; as a surgeon he accompanied the French armies in several campaigns, early standing forth among his compeers as one exceptionally gifted. In his first campaign, when only 26 years of age, he was spoken of as “a surgeon young in years, but old in knowledge and experience;” and this knowledge and experience he employed to such excellent purpose that he was appointed surgeon in ordinary to King Henry II. of France, and retained in his office by the three succeeding monarchs, Francis II., Charles IX., and Henry III. He died in 1590, at the ripe old age of 81.

Such, in brief, was his life. Let us now see what he accomplished in it.

Gunshot wounds were then somewhat of a novelty, and if little known were less understood. But with them the young army surgeon was soon called upon to deal; and in this, as in other after instances, not content with blindly following the precepts of his teachers, but carefully observing and reflecting upon all he saw, he speedily found occasion to abandon the received or orthodox mode of treatment, and endeavoured to persuade others to do the same. The opinion was at that time universally held that the bullets were poisoned by the gunpowder which sped them on their deadly errand, and it was argued that if the bullet was poisoned, the wound must be poisoned also. And on this supposition, theory, or hypothesis—for it was nothing else, not having even a single shred of fact to rest upon—the unhappy wounded men, already suffering from the pain of their injuries, were subjected to additional torture; boiling oil being poured into their wounds in the belief that thus the poison could be neutralised, extracted, or destroyed. Now, Paré's knowledge of the excessive pain which such a proceeding must cause, made him sceptical as to the benefit to be derived from it, and on first going into the field he held his hand, waiting to see if this plan of treatment were really adopted by other more experienced surgeons. But as they went about using their oil as a matter of course, he too followed suit, though evidently against the grain; and he describes, very forcibly and picturesquely, the manner of his forsaking the traditions of the elders.

“It chanced on a time that by reason of the multitude that were hurt, I lacked this oil. Now, because there were some few left to be drest, I was forced, that I might seem to lack nothing, and that I might not leave them undrest, to apply a digestive made of the yolk of an egg, oil of roses and turpentine. I could not sleep all that night, for I was troubled in mind; and the dressing which I deemed unfit vexed my thoughts, and I feared that the next day I should find them dead, or at the point of death by the poison of their wounds, whom I had not dressed with the scalding oil. Therefore I rose early in the morning, I visited my patients, and beyond expectation found such as I had dressed with a digestive only free from vehemency of pain, and that their wounds were not inflamed nor tumefied; but on the contrary, the



others that were burnt with the scalding oil were feverish, tormented with much pain, and the parts about their wounds were swollen. When I had many times tried this in divers others, I thought thus much that neither I nor any other should ever cauterise any wounded with gunshot."

Such an achievement is of itself enough to immortalise his name; he, however, accomplished another reformation in the then existing practice of equal value and importance. Up to his time surgeons, after an amputation, were accustomed to stop the bleeding by plunging the stump into boiling pitch or by searing it with a red hot iron. Instead of this cruel and painful proceeding, Paré introduced the practice of tying the ends of the arteries, and this he considers to have been a direct inspiration from heaven. Here, as in the treatment of gunshot wounds, he in his earlier career followed the example of his teachers, who he tells us "were furnished with great store of hot irons and caustic medicines which they would use to the dismembered part, now one now another, as they themselves deemed fit." . . . "Which thing cannot be spoken or but thought upon without great horror, much less acted." . . . "Wherefore I must earnestly entreat all chirurgeons, that leaving this old and too, too cruel way of healing, they would embrace this new; which I think was sent me by the special favour of the Sacred Deity, for I learned it not of my masters nor of any other, neither have I found it used by any." He tried his new method in the first instance tentatively and fearfully; "So that in my budding practice thereof I always had my cauteries and hot irons in a readiness, that if anything happened otherwise than I expected in this my new work I might fetch succour from the ancient practice; until at length confirmed by the happy experience of almost an infinite number of particulars, I bid eternally adieu to all hot irons and cauteries which were commonly used in this work, and I think it fit that chirurgeons do the like." . . . "For antiquity and custom in such things as are performed by art ought not to have any sway, authority, or place contrary to reason, as they oftentimes have in civil affairs; wherefore let no man say unto us, that 'The Ancients have always done thus.'"

Is it wonderful that the man who had thus shown

himself capable of mitigating human suffering should have been idolised by the soldiery and honoured by his sovereign? Born a Huguenot he was never persuaded to renounce his faith, notwithstanding the inducements to such a course which his life at Court presented; and yet, such was the esteem in which he was held, that during the terrible massacre of St. Bartholomew, Charles IX., mindful of benefits formerly derived from his skill in surgery, kept him in his own chamber till all danger was over, reconciling to his conscience his thus allowing a heretic to live by the reflection that it seemed a pity to kill one on whom God had bestowed such excellent gifts. Thus it came about that Paré was the only Huguenot left alive in Paris after that awful night. And as for the soldiery, their affection for him and their confidence in him was unbounded, his mere presence in the field seeming to inspire them with fresh courage. When the city of Metz was besieged by the Germans, and the garrison, reduced to the greatest straits, were ready to capitulate, Paré, by the urgent desire of the king, contrived to make his way into the beleaguered city, after a dangerous journey, during which, as he quaintly tells us, he many times wished himself safe back again in Paris. The effect was as sudden as it was remarkable. The Duke of Guise, who was in command of the city, fell on his neck and wept for joy, hot-headed Romanist though he was; and the officers and men crowding round declared that they no longer feared wounds or death since he was with them; new life was infused into the defence, the French held out for fifteen months longer, and the besieging army was at length compelled to withdraw and to raise the siege!

The two great innovations above described are not, however, the only improvements he effected in the then practice of surgery. *Paracentesis abdominis* seems to have been a much decried operation, on account of the danger to the patient; he shows how it may be safely performed, giving instructions how to perforate the peritoneum obliquely through the skin and "fleshy pannicle," and above all to draw the fluid away gradually, not all at once.

His dislike to the needless use of the actual cautery shows itself in his directions for inserting a seton. For having described the process then in vogue and figured

the implements, viz., a pair of pincers with flattened ends—something like sugar tongs—through a hole in which a red-hot needle was to be passed, he recommends that considerable pressure be made with these pincers upon the fold of skin nipped up between them that the pain thereby produced may draw off the patient's attention from the more severe pain caused by the insertion of the red-hot needle. Then he quietly goes on to say that all this is needless, as a flattened needle, not at all dissimilar from those of more modern fashion, is equally effectual and much less painful than the former cumbrous method!

Do you think we ought to feel surprised if he was somewhat puffed up with conceit, and held his own merits in high esteem? The collected edition of his works, dated 1579, bears a dedication to King Henry III., of France, in which he says, quite simply, and evidently without the remotest idea that he is saying anything out of the way:—

“I have so certainly touched the mark at which I aimed, that Antiquity may seem to have nothing wherein it may exceed us, beside the glory of invention; nor Posterity anything left, but a certain small hope to add some few things.”

When these words were written, the great fact of the circulation of the blood had not been discovered; there would, therefore, seem to have been left “some few things” for Posterity to add. He claims too to have been quite the foremost teacher of his time:—

“Thus much I dare boldly affirm, that there be scarce any, be he never so stately and supercilious, but that he may find [in this book] something which may delight him, and by which he may better his knowledge.”

After all, however, this good old surgeon had some reason for his boasting. It is very interesting to study the plates in Sir Astley Cooper's great work on Dislocations and Fractures, published in 1823, and see how closely many of them correspond with the somewhat grotesque wood-cuts given by Paré as illustrations of the method he adopted in the treatment of similar accidents and injuries two hundred and fifty years earlier.

But with all his shrewdness and common sense he could not quite shake himself free from the prevalent ideas of his time, especially from the belief in the

superior efficacy possessed by disgusting and recondite remedies over simpler or less complex ones. No sooner does he tell us of his successful application of a "simple digestive" to gunshot wounds, than we find him applying to a "chirurgien in Turin, far more famous than the rest in artificially and happily curing wounds made by gunshot," and labouring "with all diligence for two years' time to gain his favour and love," and so learn from him what his "so happy and successful" remedy was. The surgeon kept his secret till just before Paré's return to Paris, when he showed him how he "boiled alive two whelps in two pounds of oil of lilies till the flesh came off their bones; then added a pound of earthworms, boiling them till they were dry and had spent all their juice therein;" then, after straining the precious mess, he added two ounces of Venice turpentine and one ounce of aqua vitæ. "Calling God to witness that he had no other balsam wherewith to cure wounds made by gunshot . . . he sent me away, rewarded with a most precious gift, requesting me to keep it as a great secret, and not to reveal it to any."

Nor although held in such high esteem did he escape the fate which usually befalls those who seek to overturn the established order of things. No inconsiderable portion of his work is occupied in defending himself against the attacks, detractions and insinuations wherewith he was pursued by those who preferred to stand in the old paths. This very treatise on gunshot wounds, for instance, contains not only a "Preface" and a "Discourse" setting forth his own views and arguing in their favour against all comers, but also two "Apologies" or defences of the same against two specific attacks upon them by two several physicians. And another lengthy treatise replies to one who sought to prove him an "indiscreet and rash person" in his substitution of the ligature for cauteries after amputation. On the devoted head of this antagonist he pours forth such an array of authorities as to convince us that if his earlier education was neglected he had made good use of his after opportunities of becoming acquainted with at any rate the literature of his profession; he reasons with him at length, not omitting the amenities of dispute which seem to have been thought needful in that rough age of personal encounter; and then drawing on his own experience,

narrates the history of the divers campaigns, sieges and battles—twenty in number altogether—in which he had taken part; and retires from the conflict with the air of a man who has not only held his own, but has completely demolished his adversary.

All this serves to present to us Ambrose Paré as a man of great energy and activity of mind, and of undaunted courage, facing alike physical dangers and moral pressure in the discharge of what he conceived to be his duty. An accurate and close observer, pondering deeply on what he observed, he formed his opinions upon what he himself saw and knew, and not on the *dicta* of other men. Having drawn his conclusions, he quickly put them to the test of practical experiment; and once convinced by the results that he had formed a right judgment, he held tenaciously by it, never suffering himself to be drawn aside from his efforts to secure for it the widest possible acceptance. Thus the groundwork of his success lay in the observation of facts as opposed to the spinning of theories. A fact once established always remains a fact; the theory of to-day may be supplanted by that of to-morrow, and this in its turn may be ousted by another, newer, more attractive, and better adapted to the fashion of the time.

Encouragement to workers for the advancement of science may also be derived from what is so forcibly shown in this history that delay in the acknowledgment of a truth does not necessarily militate against its ultimate universal acceptance. Paré did not live to witness the complete triumph of his views; that has been reserved for us who now after the lapse of nearly three hundred years, see arteries tied and wounds healed with emollient applications on the very principles which he so eloquently and persuasively set forth. A man's contemporaries are not always the best judges of the merits or demerits of his new inventions or discoveries. The force of previous training and habit is apt to prejudice the majority in favour of that to which they have always been accustomed, rather than to lead them to look favourably upon what is presented to them in novel guise. Thus it has ever been, and thus probably it ever will be. No innovation or reform, whether great or small, has ever met with immediate acceptance, either in medicine or in any other science, art or handicraft; but if based upon sound

principles it has eventually been adopted among the common every-day and from-all-time rules and precepts of those very crafts by whose professors it was at one time scouted as ridiculous and inadmissible.

Leeds, August, 1887.

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LETTERS OF HAHNEMANN TO A PATIENT.

(Concluded from page 557.)

“ My dear Mr. X——,

“ You have not acted well to consult another doctor, I don't care who he may be. You have such an irritable system that the slightest improper treatment, even though it be only external, will affect you as much as, or more, than a two years' old child; and without boasting I may say that you would long ago have been in your grave if I had not studied your really uncommon and ticklish constitution.

“ If you are again in the enjoyment of a tolerable state of health, you may be pleased; you cannot expect ever to possess perfectly unchangeable health, which few indeed enjoy. The clay of which you are made is infinitely more delicate than that of other men.

“ Now, as regards your knee, I will not enumerate all the errors that have been committed in the treatment of it. Leave off all the remedies instantly; cover the naked skin with some blue taffety made like a wide little boot or boot-leg, which should envelope the joint all round and cover it loosely, and some inches above and below it. All the other covering of the trousers must be very loose and comfortably warm. Thus it must remain until it has got into the state it was before you used the remedies. Try if you can at the same take the arnica powders. Take also some *very slight* exercise; as much as you can bear without particular distress. You must not kneel any more, though I will not assert that the malady has been brought on by doing so. As soon as it is better write me again; also if it does not improve write me. Keep up your courage, it will assuredly come all right.

“ Be so kind as to beg Mr. Ettinger\* to insert this report† in his paper as soon as possible. Give my kind regards to Mr. Becker and beg him to send me a copy of the *Reichsanzeiger* in which the notice appears.”‡

(Note by X——, “ Received on the 4th October, 1798.”)

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\* Publisher of a scientific journal in Gotha.

† The report was that Hahnemann had got a call to become a professor in the University of Miatou, which was not the case.

‡ No report of the sort is to be found in the *Reichsanzeiger*, of which Becker was the publisher.

" My dear Mr. X——,

" It is well that you have confessed. That is the first step towards amendment. Henceforth, and, if possible, for the remainder of your life, take a walk every day if you can, if not every other day, and never neglect doing so.

\* \* \* \*

" Continue to treat your knee as directed; cover it with silk, but not tightly. You must see that the whalebone bandage you mention does not press in the hollow behind the knee, and helps the swelling; but I will not answer for it. Don't be anxious about it, avoid kneeling, take the needful exercise in the open air and think no more about it. If, after the lapse of some time, the swelling does not yield to the silk dressing you should electrify the naked swelling in such a way that *small* shocks are sent from one end of the swelling to the other, consequently, only a few inches through the swelling in all directions, but not beyond it. As regards medicine, stick to the arnica if nothing prevents you.

" Let me hear soon how you feel. You will soon be better, only keep up your courage!

" Many thanks for your enclosure, and believe me to be your good friend,

" Dr. Hahnemann.

" Königsutter, December 15, 1798.

" I am glad to hear that your children are well, and they will remain so if you bring them up in a robust manner, letting them work more with their hands than with their head. Give them my kind regards and your dear wife especially."

" My dear Mr. X——,

" I can give you no better advice than to go on in the manner I have told you, and which you inform me you are doing. Avoid all pressure and all tight bandages. Continue the same diet and regimen, and mind you *take your walks in the open air*. All will go on as well as possible, that is to say, you will constantly improve. It is all a work of time and keeping up your courage.

" When I see that it is time to do so, I will allow you to employ electricity, not sooner.

" I beg you to believe me your faithful friend,

" Dr. Hahnemann."

KL., January 22, 1799."\*

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\* On the back of this letter the following prescriptions are attached.  
1. " R. *Pulv. rad. valerianæ sylv.* ʒij d. D. H." 2. " R. *Salis volatilis salis ammoniaci* ʒss. Solve in *aquæ calidæ* ʒiiss d. Dr. H."



“ My dear Mr. X——,

“ To-day I make you my confidant. Kindly give the enclosed letter as soon as you can to the Minister Von Frankenberg, if he is still alive, but if Zigesar is in his place, give it to him, but before doing so have the goodness to write the name of the present First Minister in Latin characters on the envelope in the blank space. I was not quite sure if Frankenberg is still living, otherwise I would have written his name myself. I am applying in this letter for Dr. Buchner's\* post with the Duke, and would like to return to Gotha in that capacity, for I have always preferred Gotha to Brunswick. But it is impossible for me to have an excuse for changing my abode unless I get an appointment of this sort. But do not let anyone know a word about all this, in order that no intrigues may be set on foot, as would certainly happen. But how will you manage to get this letter at once and with certainty into Frankenberg's hands? As it is, the news of Buchner's death reached me a week later than it ought, so I must now lose no time. Forgive me for the trouble I am putting you to, and with best wishes I remain,

“ Your most devoted servant,

“ Dr. Hahnemann.

“ March 14th, 1799.”

“ My dear Mr. X——,

“ It is true that I am going to Hamburg, but that need not trouble you. If you do not grudge the few groschen a letter will cost, you can still have my advice when I am there. Merely write my name and Hamburg beneath it, and your letters so addressed will find me.

“ For the present I must say that you are on the fair road to health, and the chief sources of your malady cut off. One source still remains, and it is the cause of your last relapse. Man (the delicate human machine) is not constituted for over-work, he cannot over-work his powers or faculties with impunity. If he does so from ambition, love of gain or other praiseworthy or blameworthy motive, he sets himself in opposition to the order of nature, and his body suffers injury or destruction. All the more if his body is already in a weakened condition; what you cannot accomplish in a week, you can do in two weeks. If your customers will not wait they cannot fairly expect that you will for their sakes make yourself ill and work yourself to the grave, leaving your wife a widow and your children orphans. It is not only the greater

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\* The former physician in ordinary to the Duke, who had died a month previously. Hahnemann did not obtain the appointment.

bodily exertion that injures you, it is even more the attendant strain on the mind, and the over-wrought mind in its turn affects the body injuriously. If you do not assume an attitude of cool indifference, adopting the principle of living first for yourself and only secondly for others, then there is small chance of your recovery. When you are in your grave, men will still be clothed, perhaps not as tastefully, but still tolerably well.

“If you are a philosopher you may become healthy—you may attain to old age. If anything annoys you, give no heed to it; if anything is too much for you, have nothing to do with it; if any one seeks to drive you, go slowly and laugh at the fools who wish to make you unhappy. What you can do comfortably that do; what you cannot do, don't bother yourself about.

“Our temporal circumstances are not improved by over-pressure at work. You must spend proportionately more in your domestic affairs, and so nothing is gained. Economy, limitation of superfluities (of which the hard worker has often very few) place us in a position to live with greater comfort—that is to say, more rationally, more intelligently, more in accordance with nature, more cheerfully, more quietly, more healthily. Thus we shall act more commendably, more wisely, more prudently, than by working in breathless hurry, with our nerves constantly overstrung, to the destruction of the most precious treasure of life, calmly happy spirits and good health.

“Be you more prudent, consider yourself first. let everything else be of only secondary importance for you. And should they venture to assert that you are in honour bound to do more than is good for your mental and physical powers, even then do not, for God's sake, allow yourself to be driven to do what is contrary to your own welfare. Remain deaf to the bribery of praise, remain cold and pursue your own course slowly and quietly like a wise and sensible man. To enjoy with tranquil mind and body, that is what man is in the world for, and only to do as much work as will procure him the means of enjoyment—certainly not to excoriate and wear himself out with work.

“The everlasting pushing and striving of blinded mortals in order to gain so and so much, to secure some honour or other, to do a service to this or that great personage—this is generally fatal to our welfare, this is a common cause of young people ageing and dying before their time.

“The calm, cold-blooded man, who lets things softly glide, attains his object also, lives more tranquilly and healthily, and attains a good old age. And this leisurely man some-

times lights upon a lucky idea, the fruit of serious original thought, which shall give a much more profitable impetus to his temporal affairs than can ever be gained by the overwrought man who can never find time to collect his thoughts.

“In order to win the race, quickness is not all that is required. Strive to obtain a little indifference, coolness and calmness, then you will be what I wish you to be. Then you will see marvellous things; you will see how healthy you will become by following my advice. Then shall your blood course through your blood-vessels calmly and sedately, without effort and without heat. No horrible dreams disturb the sleep of him who lies down to rest without highly strung nerves. The man who is free from care wakes in the morning without anxiety about the multifarious occupations of the day. What does he care? The happiness of life concerns him more than anything else. With fresh vigour he sets about his moderate work, and at his meals nothing—no ebullitions of blood, no cares, no solicitude of mind—hinders him from relishing what the beneficent Preserver of life sets before him. And so one day follows another in quiet succession, until the final day of advanced age brings him to the termination of a well spent life, and he serenely reposes in another world as he has calmly lived in this one.

“Is not that more rational, more sensible? Let restless, self-destroying men act as irrationally, as injuriously, towards themselves as they please; let them be fools. But be you wiser! Do not let me preach this wisdom of life in vain. I mean well to you.

“Farewell, follow my advice, and when all goes well with you, remember

“Dr. S. Hahnemann.

“P.S.—Should you be reduced to your last sixpence, be still cheerful and happy. Providence watches over us, and a lucky chance makes all right again. How much do we need in order to live, to restore our powers by food and drink, to shield ourselves from cold and heat? Little more than good courage; when we have that the minor essentials we can find without much trouble. The wise man needs but little. *Strength that is husbanded needs not to be renovated by medicine.*”

“Hamburg, July 27th, 1800.

“Dear Mr. X—,

“This moment I have received yours of July 21st, and I see that at that time you had not yet got my letter of July 11th or the medicine. That is the fault of the slow post. Another time I will try to enclose the medicine in a

letter, so that you may be able to get them by the post in five days.

“ Good heavens ! What a fierce onslaught Stickler\* makes with *opium* on our weak man—and he gives Epsom salts at the same time ! I read your report with horror. What infinite mischief can be wrought by the *continued* and *excessive* use of *opium* in chronic diseases, I alone am in a position to know ; the good young man knows nothing about it. I cannot tell if I can repair the mischief quickly. Excuse haste for the post is just going out.

“ *Do not allow Stickler to interfere any more with our treatment, whether the patient lives or dies.*

“ Mr. Wander must have patience with me, for my conscience will not allow me to use such palliatives (in their after consequences injurious) as anodyne and narcotic remedies. If under my treatment the disease seems to get worse, I go the most direct way to work and softly seize hold on the disease by the roots. Adieu, my folk greet yours,

“ Dr. Hahnemann.

“ Should the bowels not be opened after taking my medicine several days, he must not take any Epsom salts ; at the very most he may have a clyster of lukewarm or cool water.”

“ Hamburg, Aug. 3rd, 1800.

‘ My dear Mr. X——,

“ That dear *opium* and his previous disease have irritated our patient in the highest degree and weakened him almost to death. The very smallest dose of medicine is too strong for him. This is a very serious state of things. Before I can look about me I may at any moment receive the intelligence that he has died suddenly. I write this for your information and in my own defence.

“ Your friend and servant,

“ S. Hahnemann.”

“ My dear Mr. X——,

“ You have done well to resume your walks. Persevere with them. The tonic influence of the open air cannot be replaced by diet or medicine. It is for us an indispensable instrument.

“ For the first four weeks you should eat rather sparingly, hardly enough, so that your stomach may recover its proper power. Otherwise I do not wish you to be particular about

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\* A young doctor practising in Gotha.

your food, except that you should avoid those things which never agree with you and which you can easily give up, as for example, sugar. I send you herewith three bottles. For several years past I prepare the medicines so that they have neither taste nor smell. Do not let their tastelessness prejudice you against them. The medicines are very powerful. Take the first morning a drop of No. 1; drop it in a teaspoon and lick it up, just as it is. Next morning take nothing and observe what alteration has taken place in your cough these two days. The third morning (having taken no medicine the previous day) take another drop of No. 1. You will probably have observed the day before rather an aggravation than an amelioration, or some other new symptom which you have not before experienced. In that case, instead of taking the second drop of No. 1, take instead a drop of No. 2. But if you have not noticed any new symptom from the first drop of No. 1, on either the first or second days, and no aggravation of the cough, then take on the third day another drop (the second drop) of No. 1. Then, if you have felt nothing the first two days, this and the following day will assuredly show you whether you have good reason to expect improvement from it. Then you can judge, if it has done good, that you cannot do better than continue to take a drop of No. 1 every other morning until you write to me.

“ But if, after taking it in the way I have indicated, no improvement has ensued, then you can take No. 2 as directed, and continue it in the same manner. If after two doses (one drop every other day) no improvement is observable, you may then take No. 3 in the same way. Whatever does you good, that you should stick to as long as it is useful—not longer. If none of the three does you good, then write me again; if one has proved successful and you have taken it all, then write me.

“ I should like you also to tell me what alteration or what symptoms you have observed from taking the Iceland moss—whether it causes pressure on the chest, or dyspnoea, or anything else.

“ It is possible that you have some acidity of stomach and in that case you would do well to take every evening one of the powders ordered in the accompanying prescription, whatever drops you may be taking at the time. The powders will not interfere with the drops.

“ I heartly wish and hope to hear of your improvement as your old friend and servant,

“ Dr. Hahnemann.

“ Torgau, June 21st, 1805.”

“ My dear X——,

“ You can now resume your usual meals, only not too much at supper-time. Continue your walking exercise. All this you will be able to do now that your health is so much improved. If the cough is allayed, you can take No. 1 twice a week, and after two weeks only once. You will not require the powders any longer. Your strength will soon be completely restored, as I am convinced you will tell me when you write me again in a few weeks.

“ Your most devoted friend,

“ Dr. Hahnemann.

“ Tongau, Aug. 4th, 1805.”

This concludes the correspondence with the patient. Dr. Schuchardt gives a letter which Hahnemann caused to be inserted twice in the *Reichsanzeiger*. He commissioned his patient, Mr. X——, to pay for it, and a memorandum of the payment was found among X——’s papers, from which we find that Hahnemann had to pay 1 thaler, 8 groschen for the two insertions. We subjoin the letter, which is interesting as showing that Hahnemann was exposed, like many other doctors, to have advice stolen from him without remuneration, and that he adopted very effectual means for putting a stop to such fraudulent conduct.

“ *Complaint and Resolve.*

“ Dear Public! It will scarcely be credited that there are people who seem to think that I am merely a private gentleman with plenty of time on my hands, whom they may pester with letters, many of which have not the postage paid, and are consequently a tax on my purse, containing requests for professional advice, to comply with which would demand much mental labour and occupy precious time, while it never occurs to these inconsiderate correspondents to send any remuneration for the time and trouble I would have to expend on answers by which they would benefit. In consequence of the ever-increasing importunity of these persons I am compelled to announce :—

“ 1. That henceforward I shall refuse to take in any letters which are not post paid, let them come from whom they may.

“ 2. That after reading through even paid letters from distant patients and others seeking advice, I will send them back unless they are accompanied by a sufficient fee (at least a Friedrich’s d’Or) in a cheque or in actual money, unless the poverty of the writer is so great that I could not withhold my advice without sinning against humanity.

“ 3. If lottery tickets are sent to me, I shall return them all without exception ; but I shall make the post office pay for all the expense of the remission, and the senders will get them back charged with this payment.

“ Samuel Hahnemann, Doctor of Medicine.

“ Altona, by Hamburg, Nov. 9th, 1799.”

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## REVIEWS.

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*American Medicinal Plants. An Illustrated and Descriptive Guide to the American Plants Used as Homœopathic Remedies: Their History, Preparation, Chemistry, and Physiological Effects.* By CHARLES F. MILLSPAUGH, M.D. New York: Boericke & Tafel, 145, Grand Street.

THE fifth and sixth, the concluding “ fascicles ” of this valuable and well-executed work, are now before us. Author and publishers alike are worthy of our heartiest commendation for the excellence of their work and the rapidity with which it has been produced. In October, 1884, we had the pleasure of noticing the appearance of the first “ fascicle,” containing five numbers. The now completed work presents us with one hundred and eighty coloured illustrations of all the indigenous and naturalised plants in the United States, the pathogenetic properties of which have, at one time or other, been ascertained by experiments on healthy men and women.

The feature of the work is of course the drawings. These are all made to scale, and, unless it is otherwise stated, are of their natural size. In the majority of instances, the plants have been drawn as they stood in the soil ; when this has not been possible they have been made from fresh living specimens, gathered with especial reference to typical features, propitious soils and natural *habitat*.

Now that the work is finished, we may, perhaps, repeat with advantage the description we formerly gave of the author's plan, which has been uniform throughout.

First of all, then, we have a beautifully coloured drawing of a plant, with, in most instances, a sketch of its dissected parts. Every endeavour has been made to render the colouring as accurate as lithography admits of ; and though a greater degree of brilliancy of colour may appear in some plants than nature warrants, yet on the whole it must be allowed that Dr. Mills-paugh has been fairly successful in his efforts to transfer natural appearances to paper. In the text, which accompanies each plate, the botanical features of the plant together with its history and *habitat* are given. To this is added a mode of preparing the tincture for medicinal use, and finally a brief



account of its physiological action. Under this head, the author says in the preface: "Only cases of actual toxic effects are, as a rule, noted; as the work should in no wise be looked upon as a symptomatology, its scope being pharmacological only. Observations upon the sphere of action and organs involved, are studiously omitted except under such drugs as have caused death, and yielded opportunities for *post mortem* examination."

Some idea of the scope of the work, as well as of the labour its preparation has entailed, may be derived from the fact that of the one hundred and eighty plants here drawn and described one hundred and seventeen are found throughout the Northern portion of the United States, twenty-seven in the Eastern and Atlantic States only; fourteen only in the Northern States; six in the Southern, eight in the central belt, one is only met with West of the Mississippi, and seven are local.

As a companion to the study of *The Cyclopædia of Pathogenesis*, Dr. Millspaugh's work will prove to be most useful, while by the pharmacologist and the pharmacist it will be found indispensable to the completeness of their studies and the perfection of their operations.

## MEETINGS OF SOCIETIES.

### THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1887.

(Continued from page 566.)

In the Section on Obstetrics, papers on the renal, nervous, mechanical and accidental complications of gestation were read by Dr. Phœbe Waite, Dr. Emily Pardee, Dr. Higbee and Dr. Peck.

In the Section on Clinical Medicine, Dr. DOWLING delivered the address, taking as his topic the fatal character of some forms of kidney disease in weakened constitutions.

Dr. BARTLETT read a paper on *The Relation of the Nervous System and the Eyes to the Urinary Organs*. He devoted his attention chiefly to the consideration of the nervous and ophthalmic symptoms occurring in Bright's Disease.

In another paper on *Chronic Cystitis*, Dr. MARTIN (Pittsburgh) drew attention to the value of *chimaphila* as a remedy.

Several other papers on various morbid states of the kidney were also presented.

Dr. T. F. ALLEN, of New York, opened the discussion. He said that in the great majority of cases where a mercurial was required, as shown by symptoms such as nocturnal aggravation, easy perspiration, sensitiveness to the open air, furred tongue

and gastric symptoms, the *mercurius protoiod* has been indicated more frequently than any preparation of *mercurius*. There was a routine tendency to prescribe *mercurius corrosivus*, which in his experience was but rarely indicated. *Merc. cor.* was only called for when there were more or less reflex bladder troubles, as pain in the sacrum, heat and pressure in the rectum, &c. But when we had, as we often had, heavily furred tongue, one-sided (especially right-sided) headache, pressure on the vertex, and vertigo, *merc. protoiod* was exceedingly valuable. Again, Dr. Allen had found *colchicum* an extremely useful remedy in subacute nephritis associated with symptoms of lithæmia. His attention was first directed to *colchicum* in a case in which the patient was unable to lie on the back with the legs stretched out. Stretching out of the legs caused soreness of the back and feeling of coldness in the stomach. He had also used it in cases with gouty symptoms. In three or four cases in which he had prescribed it, the pains in the kidneys and stomach and the gastric symptoms, nausea and vomiting, had alternated with occipital pains. In such cases he had found *picric acid* to be the alternate of *colchicum*.

Dr. DILLOW had observed a number of cases where pneumonia had developed in the course of contracted kidney, and in which the consolidation was associated with very little cough and only a slight elevation of temperature, yet the patient died suddenly. Whether or not there was any connection between the low temperature and the kidney disease was a question. The speaker had noticed this low temperature in cases of pneumonia occurring at earlier ages where the kidneys were also affected. Another very important point in the course of these inflammations in the aged, was the observation of the elimination of urine. The quantity of urine passed daily was a matter of great clinical importance. Physicians did not take this sufficiently into account. In those cases where in Dr. Dillow's experience, a fatal result occurred in pneumonia and other diseases, suppression of urine for a few days before death was always noted. The speaker then referred to the relation that existed between the specific gravity of the urine and the quantity of urine eliminated. He did not believe that specific gravity alone was of much importance. The specific gravity must be taken in association with the amount of urine passed *per diem*. For instance, it is common to find a specific gravity of 1,024 in cases of chronic kidney disease, and yet one need not be deceived if he took into consideration the quantity of urine passed. It was better to throw the specific gravity out of account and calculate the total solids of the urine. This estimation of the solids was as important as any microscopical or chemical examination.

Dr. MORGAN confirmed Dr. Dillow's observations on the importance of ascertaining the amounts of solids eliminated in estimating the value of the specific gravity.

Dr. BUSHROD JAMES referred to the value of the ophthalmoscope as a diagnostic agent in kidney disease. He had seen retinal changes occur prior to any symptom indicating albuminuria.

After some further remarks by other members the discussion was brought to a close.

In the Ophthalmological Section, after a paper by Dr. Vilas, of Chicago, on sarcoma and carcinoma of the choroid had been read and discussed, Dr. Bellows, of Boston, read one entitled *A Clinical Study of Verbascum Thapsus*. This he had endeavoured to prove on himself, the only result being a consciousness of uneasiness in the left ear. He had used it in various ways in aural disease, but without any good results.

Eight or nine members took part in the discussion, all, with the exception of Dr. Cushing, expressing their disappointment with the drug in aural disease. Dr. Cushing attributed this disappointment to the tincture having been used instead of the oil; to which Dr. Norton replied that the oil probably did good by acting as a solvent on the cerumen. All admitted its value in nocturnal enuresis.

Dr. E. H. LINNELL, of Norwich, Conn., then read a paper on *Fibroid Polypi of the Nose and Throat*. After a brief discussion upon it,

Dr. B. W. JAMES read a paper on the *Etiology and Treatment of Cataract*.

Dr. LINNELL said that he believed that he had several times arrested the growth of cataract by internal medication. He had also used galvanism successfully in these cases, the negative electrode being applied over the closed eyelids and the positive over the temples. There was a decided improvement in vision.

Dr. ALFRED WANSTALL, of Baltimore, said that he had treated a number of cases of cataract, and felt that he could arrest their growth in many cases by medicines. In cases where the vision was not below  $\frac{3}{8}$  he thought it almost safe to promise an improvement; he had seen it occur so often. The best remedy was *sulphur*. Where striæ were noticed no change could be made in them, but a certain diffused haziness might be made to disappear. The speaker had also used other remedies than *sulphur* and mentioned cases relieved by *pulsatilla* and *sepia*.

Dr. ARTHUR B. NORTON mentioned *causticum* as a valuable remedy in cataract.

Dr. CLARENCE BARTLETT asked Dr. Linnell if in his cases

helped by electricity, whether the remedy simply improved local nutrition or whether it caused an absorption of the lens.

Dr. LINNELL said that it improved local nutrition.

Dr. A. B. NORTON had treated a number of cases with electricity with some benefit.

Dr. GEO. S. NORTON endorsed what Dr. Wanstall had said. He believed that in nine cases out of ten we could stop the progress of cataract, provided that it had marked striæ or light diffused haziness. Under treatment the haziness would improve, although the striæ remained. The latter were stopped in their onward course. In cases involving the nucleus of the lens, without striæ, medicine did no good whatever. Dr. Norton had used *causticum* with better results than any other remedy. He had also used *sepia*. Electricity would help some cases. He had lately used a new remedy—*naphthalin*. The results were uncertain as yet, owing to the short time the remedy had been employed.

Dr. GEO. S. NORTON then read by title his own paper on *The Importance of the Ophthalmoscope in the Diagnosis of Tumors of the Brain*," after which the section adjourned.

In the Gynæcological Section, Dr. Edward Blake's paper on *Dilatation of the Cervix Uteri as a Curative Measure* was read by Dr. PORTER. Dr. HIGBEE read a paper on *Topical v. Internal Treatment*, advocating each in cases suitable for each, and pointing out cases in which a combination of the two was necessary for success.

Dr. PORTER (Detroit) read a paper on *Pessaries*, and Dr. PHILLIPS, of Boston, one on *The Surgical Treatment of Uterine Disorders*.

Dr. R. LUDLAM, of Chicago, read a most interesting and practical paper on *Hot Water as a Topical Application in Uterine Disorders*. The peculiar merits of this treatment were that it was safe, available, effective, and did not interrupt or modify the action of the remedies. It could be applied by the syringe, irrigating douche, sitz-bath, single or in combination, local application to the lower abdomen and hot sponges internally. Its mode of operation was through the lower vascular system to the relief of pelvic congestion; through the effect of moist heat upon the inflamed peritoneum, and upon the abundant nervous supply of the vaginal roof, and especially about the abdominal cervix. Its clinical indications were in certain kinds of acute puerperal inflammation, as peritonitis, ovaritis, vaginitis and phlebitis; in perimetritis, with or without effusion; in pelvic hæmatocele; in spasmodic and neuralgic dysmenorrhœa, where it acted as an anæsthetic; in pelvic abscess, post-partum hæmorrhage, hæmorrhage from malignant cancer, ovaritis and cervical leucorrhœa, with

laceration, engorgement and glandular inflammation. The contra-indications were that (1) it might devitalise the tissues and precipitate effusion and suppuration; (2) might weaken the patient generally, and so favour excessive menstrual losses, leucorrhœa and the like; (3) the secondary effect might be, if used excessively, to increase and make chronic a pelvic congestion.

Dr. C. B. KINYON, of Rock Island, Ill., then read a paper on *Intra-Uterine Medication and Intra-Uterine Stems*; Dr. O. S. RUNNELS, of Indianapolis, one on *Local Action of Iodoform, Iodine, Iodised Phenol, Tannin, Calendula and Hydrastis*; and Dr. B. F. BETTS, of Philadelphia, one on the *Application of Electricity to the Cure of Uterine Disorders*.

The Section next in order dealt with the diseases of children.

Dr. DUNCAN, of Chicago, read a paper on *The Suppression of Eczema*, which he deprecated, saying that the more he studied central hyperæmia and peripheral irritation the less inclined was he to attempt to suppress the local manifestation of disease.

Dr. ARCULARIUS, of New York, in a paper on *The External Treatment of the Skin Diseases of Infancy*, argued in favour of the necessity for external treatment in some cases, such as the various parasitic diseases, eczema capitis, &c. Such treatment ought to go hand-in-hand with general constitutional remedies.

Dr. BOYER, of Pottsville, Pa., had noticed that the suppression of eczema chiefly affected mucous membranes. He found *lycopodium*, the *iodide of arsenic* and *pix liquida* valuable remedies.

Dr. DUDLEY, of Philadelphia, although not so much afraid of the bug-a-boo of "suppression" as some of his brethren, yet firmly believed that from the injudicious local use of astringent lotions, ointments, &c., subsequent morbid conditions might arise in distant parts—call it "suppression," "metastasis," or what we would. He described a case of facial eczema treated allopathically, followed by partial deafness and recurring attacks of strangury. Years later he was called to treat one of these attacks. The use of *cantharis* in a low dilution was followed by the reappearance of the facial eruption. The drug was continued, the doses being given at longer intervals, with the result that the eruption, the deafness and the strangury seemed all to have been permanently cured. He suggested that in these eruptive disorders, eczema and psoriasis as well as others, in which there was "burning itching" of the affected parts, with a dry, "branny" surface, borax should be thought of, as recommended by the late Dr. McClatchey, in the last journal article he ever wrote. He (Dr. D.) had seen several cases cured with it, but he always gave it in the 2nd trituration, repeated several times a day.

and had never seen the slightest effects from its employment until persevered with for two or three weeks.

After some further remarks by Dr. Schley and others, the discussion closed.

In the Materia Medica Section, the special subject brought forward was *Remedies Causing Disturbed Sleep*. After a paper on *The Physiology of Sleep*, by Dr. HOBART, of Chicago, Dr. WINTERBURN, of New York, read one on *Delirium, Coma, and other forms of Abnormal Somnolence*.

In his paper, Dr. Winterburn mentioned the following remedies and indications: *Sulphur*, sleepiness by day, followed by restless and wakeful night, short snatches of sleep are burdened by dreams, followed by late sleep in the morning, and awaking tired and unrefreshed; rheumatic diathesis; suppressed skin diseases; burning of the soles of the feet. Sleepy by day and sleepiness by night was also found under *belladonna*, *phosphorus*, *cinchona*, *ledum*, *kali carbonas*, *causticum*, and *magnesia carbonas*.

*Belladonna* was suited to cases of more recent origin. It was of prime value in sleeplessness after opium addiction and alcoholism. Restless sleep at night, frequent starting, sudden awakening from sleep with frightful dreams; patient is sleepy but cannot sleep, but passes into a confused state when he knows not whether he is asleep or awake. Dull and stupid in the day time, with incoherence of speech, worse when in a quiet room, better when out in the open air.

*Hyoscyamus*, frequent awakening, twitching, groaning, after disappointments in business or love affairs; patient is addicted to lewd and immodest behaviour.

*Stramonium* in the second stage of delirium tremens, when the patient indulged in ridiculous gestures.

*Strychnia* in insomnia caused by hepatic disorder; characteristic awakening at the same hour in the morning; restless night; tired in the morning; sleepy in the day.

*Pulsatilla* after excessive use of *quinine*, tea, *strychnia* or *iron*. Sleep before midnight prevented by fixed ideas; wide awake in the evening; first sleep restless; sound sleep when it is time to get up.

*Calcarea carb.*, difficult to get to sleep on account of involuntary thoughts, and when asleep, soon awakens again; great inclination to sleep in the evening. *Calcarea* is not likely to become a routine remedy, but it is often overlooked when it is the *simillimum*.

*Coffea* is useful as a palliative. Its effects soon pass off. It may be given in temporary forms occurring during convalescence from fever.

Other indications were *aconite*, after hæmorrhage; *ignatia*,

after grief; *capsicum*, after homesickness; *lycopodium*, after indigestion; *tabacum*, with dilated heart; *ferrum*, with chlorosis; *moschus*, with hysterical excitement; *lupulin*, in chronic non-febrile diseases where sleeplessness is a concomitant.

Dr. T. F. ALLEN, in his paper *On Groups of Remedies for Sleeplessness from Diseases of the Brain*, said that the medical treatment must be combined with the purely hygienic. Of the remedies for insomnia, *coffea*, no doubt, stood at the head of the list. Next to that, *alcohol* was a valuable remedy. When sleeplessness was associated with mental activity, characterised by perverted and deranged ideas, *alcohol* should be given in extremely small doses, while the *coffea* patient followed a train of thought clearly and persistently. The *alcohol* patient had a confused rush of ideas often of a grotesque nature. *Cannabis Indica* was, however, characterised by most fanciful imaginings and hallucinations, generally of a pleasant nature. The patient while lying awake, really enjoyed the florid mental pictures which were conjured up by the morbid brain cells.

Dr. T. F. ALLEN then opened the discussion by asking if any one had any experience to give in the treatment of insomnia. Frequent cases of most intractable insomnia were met with from overworked brain. They came to us well dosed with anodynes, having tried everything else. Almost uniform failure followed medication. These cases could only be restored by prolonged hygiene.

Dr. Jno. C. MORGAN referred to Schüssler as having grappled with the question and recommended *magnesiæ phosphas* as a nerve nutriment. He had used it in a variety of nervous conditions, insomnia being among the number. In recent cases occurring among business men from overwork, he had found positive benefit from *gelsemium*. *Magnesiæ phosphas* was better after exhaustion or lack of brain nutrition. In the case of drunkards, the honours have been divided between *gelsemium* and *aconite*. Dr. MORGAN thought that dreams were sometimes of use in directing the prescription. In a patient subject to melancholia so violent in the middle of the night that he could not go to sleep, or if he did would dream of water in some way, *veratrum viride* was given and proved beneficial. Then came turbulent restlessness, which was an indication for *hyoscyamus*. *Kali bromatum* was a much neglected remedy.

Dr. Geo. S. NORTON said that hypermetropia might be a cause of insomnia. The hypermetropia threw a strain on the muscle of accommodation, which was communicated to the brain, and thus gave rise to disturbance there and even to insomnia.



Dr. H. C. ALLEN referred to another cause. The majority of the cases of insanity were among men who worked hard with their brains and also used tobacco, coffea, liquor, and things of that kind considerably. The consequence was they felt tired at night; they could not sleep. Some could not sleep without their stimulants. He had never had a case of insomnia that was not associated with some of these troubles.

Dr. CHAS. MOHR said that he agreed with Dr. Allen respecting the importance of rest away from home; but we had patients who could not get away. We did not drug them with chloral; we could not give them alcohol even in limited quantity. In such cases study the *Materia Medica* and find the remedy which will cover the whole case. He then related the case of a woman who had been troubled with insomnia for years. She was worrying all the time about her family matters and the education of her children, and studying how to make both ends meet. Finally she would lie down in bed and begin to think either of herself or of her children. Again there would arise spectres of her friends who had died. She became morbid on the subject of seeing dead people. Various remedies were tried without effect. In studying comparisons with *lachesis*, the speaker came across that symptom under *crotalus cascavella*, which he gave in the seventh potency with curative result.

Dr. A. M. CUSHING had found that *cannabis Indica* would almost always produce sleep in drunkards. He also referred to the case of a lady who was treated at an insane asylum without result. Finally she came under his treatment. He decided on *actea racemosa*, which cured her.

Dr. T. F. ALLEN said that the trouble was not where we found concomitant symptoms. Such cases were easy enough to cure, as we could then get at the remedy. The cases that troubled us were those of simple uncomplicated insomnia, where the only symptom discoverable was simple sleeplessness from functional inactivity.

In the Pathological Section the subject of malaria was treated of from several points of view in the papers presented. In the course of the discussion Dr. G. S. NORTON observed that it had become quite fashionable of late years to trace all diseases to malaria. Every diseased condition following malaria was not necessarily of malarial nature. He had seen cataract follow malarial fever, but the fever simply so deteriorated the general health as to render the development of cataract possible.

In the Bureau of Sanitary Science, the influence of climate on different forms of disease in various parts of the United States was the subject of several communications. Dr. STOUT,

of Jacksonville, Florida, and Dr. BECKWITH, of Cleveland, Ohio, both testified to the advantages of the climate of Florida in catarrhal diseases. Malaria was not present in the State except in or near low, marshy grounds. Cases liable to be affected by sudden changes of temperature Dr. KINNE, who had been South five times for his health, said did better in West Florida and among the pinewoods of Georgia than in East Florida. Dr. GORHAM, of Albany, stated that there was no asthma in Cheyenne, Wyoming, and that asthmatics on reaching that city were at once relieved. When Denver failed to relieve them a removal to Cheyenne promptly cured them.

Dr. NICKELSON, of Adams, New York, commended the high altitudes of the Adirondacks as furnishing a curative climate in bronchial and other pulmonary diseases, especially when the patient could be induced to "camp out," and so secure the influence of a pure bracing air throughout the twenty-four hours.

O. S. RUNNELS, M.D., presented the report of the delegates to the International Convention held during the past year at Basle, Switzerland. The next International Convention will meet in the United States in 1891. President Orme appointed Drs. I. T. Talbot, of Boston; J. P. Dake, of Nashville; J. W. Dowling, of New York; B. W. James, of Philadelphia; R. Ludlam, of Chicago; O. S. Runnels, of Indianapolis; and T. G. Comstock, of St. Louis, as a standing committee to make arrangements for this convention.

The Committee on Pharmacopœia then presented its report through Dr. A. C. Cowperthwaite, as follows:—

Your committee appointed to consider and report on the advisability of having a pharmacopœia issued under the auspices and by the authority of this body, would say that in view of the importance of uniformity in the processes and preparations of pharmacy, and especially in view of the various opinions expressed by pharmacists writing upon the subject, it is our opinion that there should be prepared and published a pharmacopœia by joint action of committees from the several countries, as suggested by the chairman of this committee at the World's Convention, in London, in 1881, and by Mr. Wyborn at the late convention at Basle. At the latter convention a special committee, consisting of Drs. Cowl and Giesecke and Mr. Wyborn, was appointed to consider and report upon the International Pharmacopœia. In presence of such action your committee would recommend the appointment at this time of a special committee to co-operate with the American members of the International committee, consisting of Drs. Lewis Sherman, J. W. Clapp, and F. E. Boericke. And in order to bring the work into more definite

shape, we would recommend that the special committee be instructed to take the British Pharmacopœia as a basis, and to report the character of the changes considered necessary in order to adapt the work to the needs of the profession in all countries. Very respectfully submitted,

J. P. DAKE,  
A. C. COWPERTHWAITTE,  
CONRAD WESSELHOEFT.

The Institute then proceeded with the annual election of officers, which resulted as follows:—

President, A. C. Cowperthwaite, M.D., Iowa City, Iowa; Vice-President, N. Schneider, M.D., Cleveland, Ohio; Treasurer, E. M. Kellogg, M.D., New York City; General Secretary, Pemberton Dudley, M.D., Philadelphia, Pa.; Provisional Secretary, T. M. Strong, M.D., Ward's Island, New York; Board of Censors, Drs. R. B. Rush, R. F. Baker, T. F. Smith, H. B. Clarke, Mary A. B. Woods.

Niagara Falls was selected as the place for the next meeting.

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## NOTABILIA.

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### BRITISH HOMŒOPATHIC CONGRESS.

THE Congress met at Liverpool on the 22nd ult., a date too late in the month to allow of our presenting a full report of the proceedings on this occasion.

The meeting was held in the Hahnemann Hospital, the princely gift of Mr. Tate and his family to the citizens of Liverpool, and was attended by seventy practitioners. The chair was occupied by the President, Dr. CLIFTON, of Northampton, whose practical, interesting and striking address was warmly received by the audience, and as it appears in our present number will, we are sure, be read with pleasure by all.

A vote of thanks to Dr. Clifton, proposed by Dr. Pope and seconded by Dr. Ker, was very cordially responded to by the meeting.

The Secretary, Dr. DYCE BROWN, read letters from Dr. Sharp of Rugby and Dr. Roth of London, regretting their inability to be present.

Dr. J. DAVEY HAYWARD read a paper on *The Use of Drugs in Surgical Practice*, in which he showed that, while homœopathy enabled us to use drugs in many cases where operations formerly constituted our only means of cure, there was still a large number of cases in which surgery must be resorted to, when time was lost, to no purpose, in trying the effects of

medicines. Dr. Brotchie, Dr. Douglas Moir, Dr. Wolston, Mr. Knox Shaw, Dr. Cooper, Dr. Hayward, senr., Mr. Deane Butcher, and Dr. Bodman took part in the discussion, and, after a brief reply by the author of the paper, Dr. Proctor read some *Practical Observations on Ammonia*. The discussion having been postponed until after luncheon the meeting adjourned.

The members were entertained by the members of the Liverpool Homœopathic Medico-Chirurgical Society at a sumptuous luncheon set out in one of the largest wards of the hospital.

On resuming, a vote of thanks to the Society was proposed from the chair, and carried by acclamation.

Dr. HAYWARD then read the report of the Hahnemann Publishing Society, and made some remarks on *Materia Medica*. Discussion on this was taken part in by Dr. Dudgeon, Dr. Drysdale, Dr. Hughes and Dr. Pope.

The place of next meeting was next considered, and Birmingham was ultimately selected.

On a vote being taken for the Presidency of the Congress of 1888, Dr. DYCE BROWN was elected by an overwhelming majority of votes. Dr. WYNN THOMAS, of Birmingham, was elected Vice-President, and Dr. HAWKES, of Liverpool, was chosen as Secretary. The third Thursday in September was the date appointed for the meeting.

The discussion on Dr. Proctor's paper was then resumed by Dr. Hughes, Dr. Dyce Brown, Dr. Moore, Dr. Brotchie, Dr. Pope and Dr. Dudgeon.

Dr. Wilde having been prevented from attending the Congress his paper was not read.

The PRESIDENT then drew attention to the paper *On Doctors and Chemists*, by Dr. GALLEY BLACKLEY, the discussion on which was adjourned from the Norwich Congress in 1885, and called on its author to give a short abstract of it. Dr. Moore, Dr. Neild, Mr. Isaac Thompson, Dr. Nankivell, Mr. Clifton (Ipswich), Dr. Wolston, Mr. Thomas (Chester), Dr. Pope, Dr. Hayward, Dr. D. D. Brown, Mr. Foster, Dr. Dudgeon and the President took part in the discussion, and after a cordial vote of thanks to the President the meeting adjourned. The members dined together in the evening at the Adelphi Hotel.

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### THE LIVERPOOL HAHNEMANN HOSPITAL.

THIS Institution, the munificent gift of Mr. Henry Tate to the citizens of Liverpool, was opened amid much ceremony and festivity on Friday, the 28rd ult.

During the ceremonies of the morning, the Mayor of the city, Sir James Poole, presided over a crowded meeting held

in the largest ward of the hospital. After his Worship, attended by the architect and officials of the Institution, had inspected the building, he delivered a short address, in which he dwelt on the benevolence and munificence of the donor of the Hospital. The Rev. Canon Fergie then offered prayer for the Divine blessing on the work of the Institution. Mr. W. H. Tate, representing his father—whose retiring disposition would not admit of his being present—then handed the title-deeds to the Mayor, who placed them in the hands of Dr. Drysdale, the senior trustee. A handsomely bound and highly decorated illuminated address was next presented to Mr. Tate in acknowledgment of his generosity and liberality. This was received and responded to by his son; and after a vote of thanks to the Mayor, the company adjourned to another ward, where a champagne luncheon, elegant in its arrangements and varied its dishes, was laid out. Here the chair was taken by Sir James Picton, supported on his right by Mr. W. H. Tate, and on his left by Dr. Drysdale.

After the loyal toasts and that of the clergy, Sir James Picton proposed the health of Mr. Tate, to which Mr. W. H. Tate responded. Dr. Drysdale proposed "Prosperity to the Hahnemann Hospital," to which Dr. Hayward and Major Vaughan Morgan responded. Dr. Nankivell proposed "Homœopathic Journals and Literature," and Dr. Pope and Dr. Hughes replied. To "The Committee of the Hospital," proposed by Mr. R. D. Holt, Mr. Crossfield and Mr. Bacon replied. Mr. Patterson proposed "Homœopathy in Liverpool," and Dr. Moore responded. Mr. Stiff proposed "The Liverpool Press and Homœopathy," to which Mr. E. R. Russell, of the *Post*, replied. The last toast, that of "The Health of the Chairman," was proposed by Mr. Tate.

A general wander through the wards and offices of the building, "afternoon tea" in the Board-room, and later a grand classical concert in one of the larger wards, presided over by Mr. H. Rensberg, brought the proceedings of the day to a close. On Saturday evening the festivities concluded with a miscellaneous concert, over which Dr. John Davey Hayward presided.

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### THE HAHNEMANN ORATION.

THE Hahnemann Oration at the opening of the Medical Session will be delivered by Dr. DUDGEON, at 5 o'clock in the afternoon of Monday, October 3rd, at the London Homœopathic Hospital.

## BRITISH HOMŒOPATHIC SOCIETY.

At the opening meeting of the ensuing session, on Thursday, October the 6th, Dr. Pope will read a paper on *The Therapeutics of Acute Bronchitis*.

## THE NINTH INTERNATIONAL MEDICAL CONGRESS.

THIS Congress, which concluded its work at Washington on the 10th ult., would have been a great success but for the blundering bigotry and determined self-assertion of the narrow-minded men who "pull the wires" of the American Medical Association. As it turned out, the most eminent of European medical scientists remained at home, and the most prominent of the cultivators of medicine and surgery in the United States held aloof from it. *The Lancet*, (Sept. 17), which has done its utmost to promote the interests of the Congress and to secure a large attendance from Europe, describes the results of the gathering as follows:—

"The meeting on the whole was successful, in spite of many eminent men holding aloof. The papers were numerous, but with few exceptions, of not very striking merit. Hospitality was not quite so abundant and profuse as at London and Copenhagen, many wealthy citizens being away from Washington for the season. The officials, from the Secretary-General downwards, have done all in their power to make the Congress a success, and to afford a hearty welcome to foreigners; but the working details of organisation would have borne improvement, very little pecuniary help having been given by Government."

From this it would appear that the Ninth International Medical Congress has been "within measurable distance" of turning out a failure.

We have received advance proof sheets of the proceedings reported for the *New York Medical Record* from Messrs. W. Wood & Co., Medical Publishers of New York, from which we hope to be able to present our readers with some account of the results of the Congress in future numbers of our *Review*.

## THE CONVALESCENT HOME.

In the list of additional subscribers to the proposed Convalescent Home, published in our last number in continuation of that appearing at p. 445, the following were omitted:—

	£	s.	d.		£	s.	d.
Per Major Vaughan				Dr. G. Wyld ...	1	1	0
Morgan—				J. Laurie, Esq. ...	3	0	0
Francis G. Smart, Esq.	50	0	0	J. D. Bedford Marsh,			
Mrs. F. G. Smart ...	50	0	0	Esq. ...	4	14	6
Dr. Dyce Brown ...	1	1	0	A Friend of Miss Bar-			
Dr. Shackleton ...	1	1	0	ton ...	0	5	0

### THE ROYAL HUMANE SOCIETY.

At a meeting of this Society, held on the 20th ult., a bronze medal was awarded to Mr. GILBERT CONINGHAM POPE, the second son of the senior editor of this *Review*, for the courage and endurance displayed by him in saving the life of Mr. Denis Keogh, a medical student, in Tramore Bay, Waterford, on the 14th of July. The Society also presented Mr. Pope with its testimonial engrossed on vellum in appreciation of his services in rescuing the body of the late Mr. W. R. Baldwin, who was seized with a fit of apoplexy while bathing in the same spot a fortnight later.

In both instances the drowning men were being carried out to sea by a strong undercurrent, in an unusually rough sea and in the first attempt Mr. Pope's own life was only saved by his physical strength being just sufficient to enable him to accomplish his gallant and self-imposed task.

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### HOMŒOPATHIC TROUBLES.

"THE visiting physicians to the London Infirmary for Consumption have all resigned because the Governors have voted that homœopaths may be allowed on the staff." The above paragraph is from the *Medical Record*, which labels it *Homœopathic Troubles*. It strikes us that t'other fellows are the troubled ones.—*Hahnemannian Monthly*, September.

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### ANTISEPSIS.

In an address on *The Development of Surgery and the Germ Theory* (*British Medical Journal*, July 28rd) marked by great discrimination in estimating the advantages and reality of the germ theory, looked at from different points of view, Mr. Lawson Tait gives the following illustration of one of its "splendid successes":—

"A few weeks ago I made some visits to La Maternité with my friend Professor Tarnier. He directed my attention to a linear chart on the wall of his room, showing the total death-rate of the women confined in the hospital from 1792 till 1886. He divides this marvellous record into three periods, the first of which he calls the period of inaction, during which the mortality was 9.8 per cent.—in some years it was as high as 20 per cent., a perfectly murderous mortality. The second period he calls that of the battle against the causes of infection and contagion, without antiseptics, that is, by mere general hygiene; and he shows that by this an abrupt



descent to a mortality of 2.3 per cent. was secured. In his third period, by the employment of antiseptics, chiefly, and now entirely, by solutions of corrosive sublimate of about 1 in 8,000, the mortality was reduced to 1.1 per cent., and in 1885 and 1886 it was not 1 per cent. Finally, the conclusion is this: When antiseptic precautions were used, the mortality almost disappeared, so that we now know that the raid against lying-in hospitals was a mistake. I have taken an active share in it myself, and therefore am bound to make this recantation. Destroy the germs on the hands of those who attend parturient women, and the women are safe. Women attended in their confinements by midwives have a greater chance of escape, because those midwives are but little likely to come across the deadly germs which excite the fatal diseases. But let the physicians and students of tumble-down and not overclean buildings like La Maternité (a convent but little altered from the sixteenth century) wash hands and instruments in a solution of corrosive sublimate each time before touching the patients, and these women seem to be absolutely free from danger. I need not say that after this true infective puerperal fever ought to be banished from practice. It ought to be heard of no more."

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## CORRESPONDENCE.

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### AN APOLOGY.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—I have just discovered, with amazement and keen regret, that the Congress is over!!

I have been working hard for some months in order that I might be able to bring some definite proposals before my colleagues at that meeting for the organisation of our body and the development of our principle, and I have been in close correspondence with many who attended that meeting, and who went expecting that I should have been present to have given the results of our conferences.

Only two days ago I forwarded to Dr. Dyce Brown, at the suggestion of the President, a copy of my proposals, in order that they might be printed and distributed to the members before the meeting, in order to facilitate their consideration. I did so under the impression that the Congress was to be held on Thursday, September 29th, and it was only to-day that I

discovered my mistake. I can offer no excuse for my blunder, I can only offer a sincere apology. I see by the agenda paper that the time which could have been given to the discussion of my proposals would have been too brief to have furnished any practical result, and perhaps I may atone for my offence, and at the same time add to the convenience of my colleagues, by printing my paper and its proposals, and sending each one a copy. I may in this way be able to obtain a *consensus* of opinion which may be valuable to us in deciding our future course in reference to these questions.

Believe me,

Yours respectfully,

PERCY WILDE, M.D.

Bath, Sept. 28.

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DEVON AND CORNWALL HOMŒOPATHIC DIS-  
PENSARY AND COTTAGE HOSPITAL.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Permit me to correct an inaccuracy in your issue for September.

On page 558, you say, "There is not, we believe, a hospital at Plymouth, albeit there is a very flourishing dispensary there." The latter clause of the sentence is correct, but, connected with the dispensary there is also a hospital, the institution being known as the Devon and Cornwall Homœopathic Dispensary and Cottage Hospital. The dispensary has been in existence for about a quarter of a century, and the Cottage Hospital was added some three years ago, by the gift of £1,500 from the late Mr. Tyeth. It has accommodation for eight patients, and is under the charge of a medical officer, Mr. T. G. Vawdrey, and a resident nurse-matron.

Like other institutions of the kind, it is much in need of funds for its proper support, and contributions will be gratefully received by the secretary, G. P. Friend, Esq., 5, Stafford Terrace, Plymouth, or by, Gentlemen,

Your obedient servant,

A. SPEIRS ALEXANDER, M.B.

Hon. Physician, D. & C. H. Disp.  
and Cottage Hospital.

Plymouth,

September, 1887.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

### ERRATUM.

On page 525, line 13 from the bottom, for 251 read 25.

Communications, &c., have been received from Dr. BAYNES, Mr. C. K. SHAW, Mr. CROSS, Messrs. JAMES EPPS & Co. (London); Dr. HAYWARD and Dr. J. D. HAYWARD (Liverpool); Dr. CLIFTON (Northampton); Mr. S. H. Blake (Maidstone); Dr. ROTH (Divonne, France); Messrs. W. WOOD & Co. (New York), &c.

## BOOKS RECEIVED.

*Diseases of the Spleen and their Remedies Clinically Illustrated.* By J. C. Burnett, M.D. London: James Epps & Co. 1887.

*The Pathology and Physiology of Diabetes.* By Prosper Bender, M.D. Boston, Mass. 1887.

*Dynamization or Dematerialisation.* By J. P. Sutherland, M.D. Boston, Mass. 1887.

*The Treatment of Chronic Purulent Inflammation of the Middle Ear.* By J. Erskine, M.A., M.B., Glasgow. 1887.

*First Annual Report of Dr. J. F. Churchills' Free Stæchiological Dispensary for Consumption, &c.*

*Report of the Calcutta Homœopathic Charitable Dispensary.*

*Thirty-Seventh Annual Report of the London Homœopathic Hospital and Medical School.* 1887.

*Twenty-First Annual Report of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburgh.* 1887.

*The Students' Journal and Hospital Gazette.* London. September.

*The Chemist and Druggist.* London. September.

*The Monthly Journal of Pharmacy.* London. September.

*The New York Medical Times.* September.

*The American Homœopathist.* New York September.

*The New England Medical Gazette.* Boston. September.

*The Hahnemannian Monthly.* Philadelphia. September.

*The Clinique.* Chicago. August.

*The Medical Current.* Chicago. August.

*The Medical Advance.* Ann Arbor. September.

*Bibliothèque Homœopathique.* Paris. May.

*Allgemeine Hom. Zeitung.* Leipsic. September.

*Rivista Omiopatica.* Rome. August.

*El Criterio Médico.* Madrid. August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE THERAPEUTICS OF ACUTE BRONCHITIS.\*

BY ALFRED C. POPE, M.D.

ACUTE bronchitis is a disease the mere name of which, when used to describe the nature of a given case of illness, implies but very little. The gravity or otherwise of an individual case is determined by the age, the previous state of health of the patient, his freedom from any organic disease of the viscera, by the circumstances under which he lives and has lived, by his occupation and general surroundings. Its pathology is comparatively simple ; its diagnosis easy ; but, when we consider our prognosis in individual cases and our treatment in each instance, a number of factors have to be taken into consideration of which the word bronchitis conveys no idea.

It is, then, a disorder which we cannot prescribe for by name, or from a mere conception of the disease-process. We must be guided in each case by the symptoms each presents, and even then, not merely by those directly arising from the morbid condition of the mucous surface of the bronchial tubes, but by these taken together with those which indicate deviations from health in other organs of the body. We must, in short, here as elsewhere, take within our purview when prescribing the *totality of the symptoms* presented by our patient.

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\* Read before the British Homœopathic Society, October 6th, 1887.

Before proceeding to the immediate purpose of my paper—the consideration of the therapeutics of acute bronchitis—I will, as briefly as I can, describe the characteristic features of the morbid condition giving rise to the symptoms it is the object of our therapeutics to cure.

I would, first of all, observe that the type of inflammation in acute bronchitis is, in all cases, save in the very rare instances of plastic bronchitis, *catarrhal*.

Professor Hamilton, of Aberdeen, to whose thorough investigation and singularly clear representation of the changes which constitute acute bronchitis I am indebted for nearly all I have to say regarding its pathology,\* describes three stages in the process of its development.

1. A relaxation and distension of the abundant plexus of blood-vessels ramifying in the inner fibrous coat of the mucous membrane, immediately beneath its basement membrane.

2. The serous fluid from these underlying vessels infiltrates the basement membrane, rendering it œdematous.

3. In from twenty to thirty hours after the vascular distension, the columnar epithelium loosens and sheds—a consequence of the œdema of the basement membrane loosening its attachments. No restoration of this columnar epithelium occurs until the congestion of the vessels has been reduced, and the œdema of the basement membrane has passed off.

Two important features of acute bronchitis are attributable to this shedding of the columnar epithelium:—*First*, the mucous surface is left in an exposed condition, owing to the removal of its protective covering; hence the feeling of rawness, the great susceptibility to the irritating influences of cold air complained of by the patient. *Secondly*, with the removal of the columnar cells, the ciliæ disappear. Their influence, therefore, is no longer available towards removing mucus upwards, and consequently the catarrhal products tend to gravitate downwards towards the smaller bronchi and air vesicles.

While the fully-developed columnar cell disappears, the deep germinating layer of flat cells—Debove's

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\* *On the Pathology of Bronchitis, Catarrhal Pneumonia, Tubercle and Allied Lesions of the Human Lung.* London: Macmillan & Co. 1893.

membrane—are but slightly desquamated. On the contrary, they tend rather to multiply with increased rapidity; but instead of going on to the full development of the columnar cell, they pass, while still embryonic, into a state of fatty degeneration. The rapid formation of these cells is due, in all probability, to the amount of blood plasma supplied to the epithelial surface.

“There is,” writes Professor Hamilton, “no time given for elongation and moulding into the complete columnar cell, such as takes place normally; but, instead, the divided segments are thrown off in the shape of catarrhal cells as soon as they are formed.”

These cells, in a state of fatty degeneration, and the waste products of the germinal or formative layer floating in the mucin or clear fluid secretion of the mucous glands, the function of which is exalted during bronchitis, constitute the expectoration of the disease when fully developed. During the first two or three days the little expectoration there is is derived from the clear fluid effused from the œdema of the basement membrane.

“While these changes have been going on in the epithelial surface,” says Professor Hamilton, “processes no less striking have been advancing in the substance of the mucous membrane itself. These consist in the dilatation of the vessels and the infiltration of the inner fibrous coat with cellular structures.

“As a result of these two processes the inner fibrous coat [of the mucous membrane], in from thirty-six to forty-eight hours, begins to show long rows of small, round cells, stretching outwards to the intercartilaginous spaces, and passing between its fibres into the outer fibrous coat. . . . In a short time afterwards, probably in the fourth to the fifth day of an acute catarrhal attack, the cellular infiltration becomes very much greater, and then I find the whole of the lymph spaces choked up by the new cellular products, which lie within them. That the direction in which they spread is outwards, towards the lung tissue, can easily be verified, but that they ever get to the free surface of the bronchial mucous membrane, and are discharged into it, I do not believe to be the case in acute bronchitis.” (*Op. cit.*, p. 85).

This condition Dr. Hamilton then demonstrates by showing that when the basement has become largely oedematous he has never been able to detect any cellular structure in it; while, if leucocytes did make their way to the free bronchial surface, they would have been visible in this membrane when *en route*. The course which these leucocytes are believed to take is outwards, along the line of the peribronchial lymphatic vessels. "The basement membrane is the line of separation between what is epithelial and what belongs to the fibrous tissue of the mucosa." (Hamilton).

Other parts of the bronchi, after the disease has continued for some time, present alterations. The large connective tissue corpuscles, or endothelia, lying upon the fibrous tissue of the outer fibrous coat, undergo rapid proliferation, the ultimate result of which is the production of small round cells like leucocytes. Such proliferation spreads throughout the lobular septa to the deeper layer of the pleura, the whole of the lymphatic vessels becoming the subject of a catarrh similar to that pervading the bronchi. These lymphatics loaded with catarrhal products become clogged and consequently irritated. This reacts on the neighbouring parts and gives rise to interstitial or chronic pneumonia; which, by the traction of the thickened and adherent pleura and of the lobular septa upon the walls of the bronchi, is competent to give rise to a bronchiectatic cavity.

The glands of the mucous membrane, which are simple processes of basement membrane and its epithelial covering, are, in acute bronchitis, congested, then epithelium desquamates and undergoes fatty degeneration similarly to that on the mucous surface. The mucin is secreted in excess, a result probably of the excitement of the nerve ganglia of the bronchi.

The lymphatics at the root of the lung are enlarged and the lymph paths are choked with catarrh-like cells.

Such, then, are the chief features of the structural alterations of the parts concerned in acute bronchitis and the nature of the processes which lead up to the development of the disease in its chronic form, to pneumonia of an interstitial or chronic character and to bronchiectasis.

The so-called capillary bronchitis requires a few remarks before we pass on to therapeutics, if only by reason of its too often fatal character. Restricted



almost entirely to the very young and the very old, capillary bronchitis is that form where the finest and most minute bronchi are the seat of congestion and are loaded with catarrhal products. Added to the difficulty of clearing the tubes of their abnormal contents is the danger of collapse of the lung arising from the arrest of a plug of secretion in a terminal bronchus. "The mucus," writes Professor Hamilton, "accumulates within the bronchus; it is moved to-and-fro by the inspiratory and expiratory efforts, but gradually becomes drawn outwards, in the inspiratory act, towards the periphery, and is impacted in a small terminal bronchus. The plug will allow the air to escape from the occluded portion of the lung, because the calibre of the proximal end of the bronchus is greater than the distal, but when drawn backwards in inspiration it becomes impacted in a small terminal twig, and effectually prevents the further ingress of air. It therefore follows that the collapsed portions of lung will be at the periphery, where the bronchi are the smallest. The catarrhal plug acts like a ball-valve in allowing air to pass in one direction, but preventing it passing in the other." (*Op. cit.*, p. 94).

Lastly, I must refer for a moment to the true croupous or so-called plastic bronchitis. It is a form so rare that but few clinical illustrations of it are on record. Essentially it consists in a bronchitis attended by the expulsion of true well-formed casts of the bronchial tubes. They present all the appearances of ordinary membranous exudation, consisting of leucocytes entangled in a structureless, granular-looking matrix of altered fibrin without epithelial cells.

For pathological purposes, for the study of the natural history of the disease, the division of acute bronchitis into catarrhal, capillary, and croupous may be all sufficient, but when we approach its consideration with a therapeutic object in view, such a division is quite inadequate. I propose, then, this evening to enquire into the treatment of acute bronchitis.

*First.* As it presents itself to us in its simple form in previously healthy persons, who, while somewhat below *par*, either from over-work, over-excitement, a prolonged sitting in an over-heated or crowded room, or under the influence of some other cause of diminished power of

vital resistance, are exposed to cold or, what is more potent still, to mingled cold and damp.

*Secondly.* As it appears in the course of tuberculous disease, of typhus, measles, scarlatina, small-pox, croup, whooping-cough, gout, heart-disease, disease of the liver or kidney, and rickets.

*Thirdly.* As it occurs at the two extremes of life.

*Fourthly.* When it puts on the croupous form.

In persons whose health is considered good, an attack of bronchitis is usually ushered in by one of general catarrh, and I would here remark parenthetically that every medicine which can be used specifically in bronchitis shows its first influence on the respiratory tract precisely in the same way. The irritation each excites commences in the nose and larynx and proceeds downwards. The mucous membranes of the nose and throat exhibit a state of increased vascularity and secretion; there is at the same time a sense of chill or coldness pervading the body, some cough occurs as the irritation reaches the larynx, and increases as this extends downwards to the trachea and bronchi. At first dry and hard, with merely a sense of tickling referred to the throat and windpipe. As the inflammation extends downwards, the cough is attended with a little glairy and somewhat viscid mucous expectoration. The pulse is somewhat increased in frequency, though the thermometer does not in these cases indicate any considerable rise in the temperature of the body. There is also at this stage a sense of fulness or tightness, with some degree of heat over the upper part of the sternum, and a slight increase in the number of the respirations *per* minute.

The general symptoms are those of loss of appetite, some degree of thirst, a more or less foul tongue, and a feeling of weariness, with aching in the limbs. The stethoscope will probably reveal a few sibilant râles over the larger bronchi.

In these symptoms you will all recognise at once such as are produced by *aconite*. The experiments of Reisinger and Schwarz, recorded in *The Cyclopædia of Drug Pathogenesis*, bear witness to this fact. It is then at this stage and ere that where the products of catarrhal inflammation have begun to appear, that this drug is so powerful a remedy. Given thus early, in drop or two

drop doses of the first decimal or first centesimal dilution every hour or two, *aconite* will often prevent the complete development of a thorough bronchitis. The chief danger of its failure to effect all that may be expected from it arises, I think, from too much confidence being placed in it, too much remedial power being looked for from it. Too often it is presumed that, if only *aconite* is taken at once, a catarrhal subject may go about his ordinary business and yet get well, consenting perhaps to so far compromise matters as to don an extra wrap or two. This, however, is not so. For the chances are that, *aconite* to the contrary notwithstanding, continued exposure to cold air, the inhalation of cold air while bodily vigour is lowered by the presence of fever, will enable the inflammatory area to extend itself, until the whole mucous surface of the first three or four bronchial branches is inflamed. Whereas if such a person is confined to a warm room or to bed the probability is that the febrile excitement would, with the aid of *aconite*, be completely subdued within a day or two, and all further extension avoided.

If the condition I have endeavoured to sketch is not relieved, the heat of skin, the frequency of the pulse, the oppression of the respiration, the paroxysms of cough and the amount of the expectoration gradually increase. The extent of surface over which the inflammatory process spreads is reflected in that over which the characteristic ronchi or râles are heard, while the amount and quality of the secretion may be estimated, the first by the frequency and clearness with which such sounds are heard, and the second by the character of the râle. A moist sound telling of a free fluid secretion and a sibilus of a turgid mucous membrane narrowing the diameter of the tube it lines, and giving rise to a scanty viscid secretion.

Following closely on the period of febrile excitement merely, we have, in addition to it, the congested membrane of the larger bronchi giving rise to frequent hard cough with but scanty viscid expectoration. The chest feels tight over the upper anterior surface, dry sibilant râles are heard over a more or less limited area, and the respirations are increased in frequency.

In cases having symptoms such as these, *bryonia* is the directly specific remedy. So long as fever is present, I

am in the habit of giving *aconite* in alternation with it. I am quite aware that doing so is by some people regarded as being unscientific ; but as I am sure that cases of this kind do better when *aconite* is given alternately with the *bryonia*, than where the *bryonia* is given alone, I am, stupidly perhaps, indifferent to the proceeding being regarded as anything else than practically useful, and this I am sure that it is.

Some seem to think that in bronchitis *bryonia* is of no use. This conclusion has been reached in consequence of it having been given to patients *because* they were suffering from bronchitis, altogether irrespectively of the symptoms and period of the disease at the time it was prescribed. It is useful at such a period as that I have described, because it produces a condition closely resembling it—but it does not influence mucous membrane any further, at least not in a catarrhal direction. Therefore, if given where a large extent of mucous membrane has been invaded, where the preliminary congestion has subsided, and has exploded, as it were, in a considerable production of catarrhal products—simply because such a condition is one properly described as bronchitis—a mistake has been made, *bryonia* is not homœopathic to that phase of the disease—small doses of it will do no good, and such as are large may do harm.

On the other hand, when we have before us a patient with a dry hacking cough, scanty expectoration, tightness of the chest, increased frequency of respiration with sibilus—there *bryonia* or *bryonia* in alternation with *aconite* will do much to prevent the further development of the disease.

There are cases bearing a strong resemblance to those where *bryonia* is indicated to which *belladonna* is more completely specific, because more thoroughly homœopathic. In them, the congested condition of the mucous membrane extends more deeply and is more intense, a greater amount of tubular space is narrowed, the cough is hard and frequent, the expectoration is either *nil* or scanty, and this, the violence of the cough, may perchance render tinged with blood. The sibilant râle is heard over a greater space, and both with inspiration and expiration. Still more decidedly will *belladonna* be preferable to *bryonia*, when the cough is especially

troublesome at night, and yet more so when the patient is of a plethoric habit, subject to headaches of a type reflecting more or less cerebral congestion.

As is the case with *bryonia*, so is it with *belladonna*; it is in the earlier stage of bronchitis that it is useful and there alone.

When the stage of tubular congestion has been uncared for or uninfluenced by treatment, that of secretion follows. The cough is now more or less constant, and is attended with expectoration of the catarrhal products. It varies, however, in quality very greatly. It may be simple mucus, free, frothy and copious, or, on the other hand, muco-purulent, yellowish, tenacious, coming in strings or lumps, difficult to detach, and yet abundant in quantity.

In the first class, when the expectoration consists of clear, abundant, easily-detached mucus, where râles, both sibilant and moist, are freely distributed over the chest, when the cough is more or less constant, somewhat paroxysmal, and dyspnœa oppressive—*ipecacuanha* is homœopathically indicated more than any other medicine. It is, as Dr. Hughes has said concerning it, of especial value in cases in which a neurotic element enters, or “cases of bronchitis which are half asthma.”

In the second class, where the sputum is muco-purulent, is stringy and lumpy, and though considerable in quantity yet difficult to expel, there is no medicine which is so truly homœopathic, none so thoroughly remedial as is the *bichromate of potash*. It is interesting and instructive to note that, while among the provers of this salt, who were necessarily taking safe doses of it, the symptoms of naso-laryngeal and pharyngeal catarrh were frequent and well marked, it was among the workers in chrome, among the men exposed to its influence chiefly in the form of bichromate solution, of vapour from the solution, of the dust of the salt, and of the chrome ore (*Cyc. of Drug Pathogenesis*, Vol. ii., p. 207) that we find the bronchial mucous membrane to have been invaded, and those symptoms to have been excited which serve as our guide to its selection as a remedy in cases of bronchitis. The kind of cough which requires the *bichromate* is loud and harsh, and, like most bronchial coughs, especially troublesome in the morning.

Together with this cough there is much weight and soreness over the chest, and a great deal of dyspnoea and oppression.

Then, again, at this stage of a bronchitis, we sometimes meet with a cough attended with a muco-purulent expectoration, the reverse of tough, profuse in quantity, and of a thick yellowish coloured quality. Moist mucous râles are heard all over the chest with inspiration, and to a not inconsiderable extent with expiration also. These symptoms, together with the yellowish furred tongue, nausea, languor, and oftentimes depression of spirits, are one and all strong indications for the use of *mercury*. Its selection will be still further justified if the patient is of a delicate strumous constitution, with an especial aptitude for taking cold or easily impressed by damp weather. Should such a patient have been drugged to excess with *mercury* during some previous illness, whether syphilitic or not, then *hepar sulphuris*—the *calcic sulphide* as it is called to-day—will probably be more useful. It is true that the symptoms produced by this substance more closely resemble catarrh of the larynx than they do that of the bronchi; but we are not, I think, without evidence that the catarrh-like inflammation it sets up in the larynx extends downwards into the bronchi, while its known influence over purulent formations leads us to interpret these symptoms somewhat liberally. The patient benefited by *hepar* is one who, in addition to frequent paroxysms of cough with abundant muco-purulent expectoration, is unusually sensitive to cold. The cough is incessant during the day, but especially troublesome in the morning, when, after a tolerable night's sleep, a certain amount of catarrhal products are awaiting expectoration. It is towards the termination of an acute bronchitis in various subjects that I have found *hepar* most serviceable.

An attack of acute bronchitis, such as that I have been treating of, is not, where specific medicines are used as remedies, and where suitable hygienic and dietetic precautions are observed, a disease calculated to give us much anxiety, to involve our patient in any danger, or to excite our apprehensions regarding *sequelæ* likely to prejudice his health or comfort in the future. It is, however, far otherwise where we have to encounter it in a subject of a well marked tubercular diathesis, in the

course of one of the continued or specific fevers, during an attack of gout, or in the person of one whose heart, liver, or kidney is structurally altered. In each of these conditions, an attack of acute bronchitis constitutes an anxious addition to already existing disease, while the phenomena of the latter must modify to an important extent the therapeutics of the former.

Let me, therefore, draw your attention for a few minutes to bronchitis as complicating other disorders.

I will, first of all, consider the influence upon its course and treatment of

#### THE TUBERCULAR DIATHESIS.

The delicacy the peculiar susceptibility to the malign influence of cold and damp, and the rapidity with which acute inflammations run their course in persons of a strumous constitution are well ascertained facts that give especial importance to bronchitis occurring in them.

Though bronchitis may not initiate phthisis pulmonalis in a person of sound constitution, in the scrofulous its occurrence is as a match applied to gunpowder. The description of bronchitis in such persons given by Dr. Stokes of Dublin is so graphic and practically so useful, that I do not think it possible to weary you by reading it.

“In some,” says Dr. Stokes, “a single mucous bubble is the only sign, while in others the respiration is altogether masked by a combination of the sonorous, sibilous and muco-crepitating râles. These signs are audible under the clavicle, in the axilla, or in the acromial or supra-spinous regions; in some cases accompanying the ordinary breathing, in others only audible on a *forced inspiration*, and then it commonly happens that the signs escape the superficial observer, for the murmur may be pure during ordinary breathing and yet intense bronchial râles be revealed by a forced expansion.

“Combined with the direct signs of bronchial irritation, we find, in most cases, a feebleness of the vesicular murmur, and a shade of dulness over the clavicle or spinous ridge. The less musical the râle, the greater the probability that these signs shall accompany it, but we may have a loud musical râle or scattered mucous



bubbles, with clearness of sound and even a puerile respiration.”\*

Dr. Stokes then points out that, “it is from their situation, localisation and combination with comparative dulness” that these signs of bronchitis derive their value and significance.

Another and very practical observation by Dr. Stokes is also well worthy of our remembrance. “Simple bronchitis is,” he says, “seldom circumscribed, that of the consumptive is commonly so; the latter begins in the upper portion of the lung, remains obstinately fixed in the air tubes, gradually spreads downwards, and, while in its first stage in the lower lobe, is combined with tuberculous ulceration in the upper; it may be intense in the upper lobe, while the lower is altogether free; or engage the whole of one lung while the other is scarcely affected. These are not the characters of ordinary bronchitis.”

In what, then, do the symptoms presented by bronchitis of this type differ from those characterising the same disease occurring in a person of fairly sound constitution? First of all, the bodily heat is greater. In the bronchitis of the tuberculous the temperature runs high, 103°F. to 104°F., while in the otherwise healthy it is seldom above 100°F. or 101°F. Then again, the dyspnoea is far more urgent, the cough constant and exhausting, the expectoration copious and viscid, and emaciation is rapid in its progress.

At the very onset of such an attack *aconite* is eminently useful; but the opportunity for prescribing it advantageously soon passes away—passes away, that is, in proportion as the intensity of the inflammation increases. To meet this development there are two medicines of inestimable worth—the *iodide of arsenic* and *tartar emetic*. The former is indicated by the *furor* of the attack, the localisation of disease, and by the degree of exhaustion of the patient. When the brunt of the attack has been broken, when the expectoration becomes freer, less purulent looking and more copious, but while great prostration, with some tendency to perspiration, and a

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\* *A Treatise on the Diagnosis and Treatment of Diseases of the Chest*, By W. Stokes, M.D. Edited by A. Hudson, M.D. London: Sydenham Society, 1882, p. 423 *et seq.*

degree of lividity of countenance remain, *tartar emetic*, in the third decimal dilution, will often help us materially.

Then during convalescence, *hepar sulphuris* and *phosphoric acid* will still further assist in promoting recovery, and preventing the development of additional mischief.

#### IN TYPHUS FEVER.

Typhus fever is a sufficiently anxious disorder *per se*, but when bronchitis supervenes it becomes doubly so, and the invidious manner in which it usually develops itself renders it still more difficult to cope with. It may occur at almost any period of the fever, independently of any of the causes which ordinarily excite it, and, what is still more important clinically, without any of the more obvious symptoms—such as cough or expectoration—appearing. Its occurrence is due, I apprehend, partly to the irritation excited by imperfectly aerated blood and the inadequate impulse of an enfeebled heart.

The condition of the blood during typhus is a matter to be taken into account when studying the remedial measures needed to meet an intercurrent bronchitis. The blood in typhus is thin, coagulates but imperfectly; its red corpuscles are crenated, necrosed, and are “loosely aggregated in amorphous heaps in place of adhering in rolls.”

In a large proportion of instances—and, as Dr. Murchison has shown, bronchitis is by far the most frequent of the complications of typhus—no subjective symptoms of its presence are manifest; consequently we have to rely, in prescribing, on that pathological state which careful observation has shown to underlie all the manifestations of disordered health comprised in the word typhus.

Unless the bases of the lungs have been daily auscultated, the first hint we get that a bronchitis is in progress will probably be derived from noticing a somewhat rapid breathing and an increased lividity of the face. Then examination will reveal some dry ronchi at the bases of the lungs, and their area will be found somewhat dull on percussion. Dr. Stokes has referred to cases of typhus where bronchitis has appeared early in the fever, and where the symptoms have been well marked. In both classes—the latent and the obvious—the tendency is to death by asphyxia from an excessive

secretion of mucus collected in tubes incapable of expelling it, a paralysis due to their loss of contractile power aided by the pressure of the congestion in the surrounding blood-vessels. With bronchitis in typhus we find, not merely an inflamed bronchial mucous membrane, but also some degree of parenchymatous blood stasis. Hence, with mixed moist and sibilant râles we notice also some degree of dulness on percussion.

Dr. Stokes warns us that "the intensity of the râle during ordinary breathing is, in many cases, not a measure of the violence of the inflammation or congestion of the air tubes. Thus, during ordinary breathing, the râles may be but slight and diffused, and yet, on a forced respiration, become most intense. "This," he adds, "seems owing to the great obstruction of the minute tubes coupled with the debility of the patient." (*Op. cit.*, p. 75).

Here then we must be guided in our choice of remedies not merely by the bronchial symptoms, such as they may be, but by these conjointly with others which are cerebral, gastric and enteric in their origin, together with the altered condition of the blood which is characteristic of typhus.

*Cæteris paribus* then, our attention will, at any rate in the first place, be directed to study such medicines as *phosphorus*, *tartar emetic* and *crotalus*.

Where the symptoms of bronchitis are well marked, and as Dr. Stokes describes them "severe and distressing," and occur early in the fever, *phosphorus* will probably be called for. The records of cases of *phosphorus* poisoning show it to produce a condition of blood somewhat similar to that present in typhus, great prostration, and an inflammation of the bronchial mucous membrane, and of the air-cells of the lungs—especially in their bases—strikingly analogous to that present in the bronchitis of typhus, and also to that in typhoid.

*Tartar emetic* is preferable to *phosphorus* where auscultation indicates the presence of a very large accumulation of mucus in the smaller bronchi, where prostration, lividity of the skin and muttering delirium are well marked.

Cases of *crotalus* poisoning, by the fluid condition of the blood, the crenated state of its corpuscles, the diffuent, congested and inflamed appearance of the mucous mem-

brane of the bronchi, lined with reddish frothy mucus—attest the similarity of the effects of this poison to those present in the bronchitis of typhus. It is therefore especially called for where the lividity is great, the apathy extreme, the oppression of the respiration strikingly marked, where the bronchial congestion and inflammation are recognised only by the physical signs, and the prostration of the patient is severe. Hopeless as such cases may appear, there is no medicine, so far as I am aware of, that is better adapted to tide them over than it is.

#### IN MEASLES.

In measles, bronchitis and pneumonia are more fatal than any other complication we meet with. Before the eruption appears a harsh, laryngeal catarrh is commonly present. With the development of the exanthem this very generally ceases. But we must remember that by it the susceptibility of the mucous surface to catarrhal influences has been augmented, and hence one good reason for especial care in avoiding them.

During the subsidence of the eruption, some act of carelessness in nursing may give rise to a renewed rise of temperature and some increase in the rapidity of respiration, with a more or less frequent cough. Examination of the chest will probably show that the physical signs of bronchitis are generally pervading both lungs. The inflammation advances with striking rapidity, when once it has taken possession of the mucous membrane of the tubes. The secretion of mucus goes on apace, blocking up the smaller bronchi, the lips and cheeks become livid, the prostration great, and we are called upon to deal with a capillary bronchitis at the close of a specific fever, during which the patient's reserve of strength has been more or less exhausted. In doing so, we have, in *tartar emetic*, a medicine so completely homœopathic to the "totality of the symptoms," and the use of which has so often proved successful in these cases, that I doubt if any advantage is gained by resorting to any other until the secretion of mucus is checked, and the expulsive power of the tubes in a measure restored. Then *hepar sulphuris* will probably be useful.

#### IN SCARLATINA

Bronchitis is less frequently observed than in measles—possibly from the fact that the mucous membrane of

the respiratory passages does not receive that preliminary irritation which it ordinarily does in measles.

When it occurs, it does so usually at the height of the eruption. It is both more easily checked and less likely to run into the capillary form than it is in measles. Still we must remember that we have to deal with an inflammation in a toxæmic subject, and must pay due regard to this in selecting our medicines. *Phosphorus*, given as soon as the mischief is detected, will, very generally, check its progress quickly. But should the secretion of mucus increase rapidly, the moist râles become abundant and fine in quality, *tartar emetic* should be substituted for the *phosphorus*.

It is quite usual, in the event of capillary bronchitis being established for other complications to be arrived at also, notably some embarrassment of the heart's action and nephritis. In this event, *arsenic* will probably be indicated. This medicine, while corresponding in its pathogenesis more closely to the cardiac and renal symptoms, is less indicated in the bronchitis than is *tartar emetic*—hence I have no hesitation in alternating it with the latter in these, happily, very rare instances.

#### IN SMALL POX

Bronchitis is said to be a very common complication. In an epidemic which occurred five and twenty years ago at York, when I attended about forty cases, I do not remember bronchitis to have been present in any, save in those where I had reason to believe that pustular development had taken place in the throat and larynx. In such cases, we have, in *tartar emetic*, a medicine, the pathogenetic action of which is not only similar to the bronchial complication, but also to the general phenomena of the eruptive fever, and the prostration which is invariably associated with it under these circumstances.

#### IN WHOOPING COUGH

The frequency of bronchitis as a complication—and, moreover, a very frequently fatal complication—may be traced to the practice which prevails of allowing children suffering from it a much greater latitude in moving about a house and exposing themselves to draughts, than is permitted in other acute illnesses.

An accession of fever, marked by a rise in temperature, increase of cough, considerable dyspnoea between the

paroxysms, and moist râles heard more generally and more constantly announce the setting in of bronchitis.

The febrile excitement is of the type most generally checked by *aconite*. With the bronchial irritation is a great deal of dyspnoea together with the spasm of the original disorder—a group of symptoms resembling such as are excited by *ipécacuanha*—and with these two medicines, a bronchitis during whooping cough may, if taken early, be generally kept under control. We must, however, be prepared to meet with the capillary form here and to resort to *tartar emetic* when this is pronounced.

#### IN CROUP.

An attack of croupous or of catarrhal laryngitis in the infant is not infrequently followed, as the laryngeal inflammation subsides, by its extension to the bronchial tubes. *Iodine*, *hepar sulphuris* and *tartar emetic*, should the terminal bronchi become overloaded, are the medicines most similar in their pathogeneses to the condition then existing.

#### IN GOUT.

Passing from the acute disorders in which bronchitis occasionally appears as an interloper, I go on to consider those chronic diseases in which it is commonly met with, and that, rather as a direct result of the essential nature of such diseases than simply as a consequence of some catarrhal influence being brought to bear upon the subject of them.

Bronchitis, in a gouty subject, will sometimes suddenly disappear on the development of gout in one of its favourite localities—the smaller joints. The reverse also will happen. A gouty toe is suddenly relieved of its burden of pain and swelling—and, as suddenly, a harsh, loud cough arises and sibilant râles are heard over the larger bronchi and more or less throughout the chest. At the same time there is considerable febrile excitement giving rise to a higher temperature than is met with in acute bronchitis in a person in ordinary health. Such symptoms as these, especially when considered in relation to the passive visceral congestion leading to the state of lithæmia which prevails in the gouty—point to *aconite*, *bryonia* and *belladonna* as the medicines most likely to give relief to the bronchitis. The first will be

required in proportion to the degree of fever present, the second is indicated where the irritation is localised in the larger bronchi, and the third where the area of congestion is both deeper and wider.

When the urgency of the acute symptoms has been removed, there is no medicine better adapted to relieve the cough, expectoration and proclivity to visceral congestion, than is *sulphur*. Its value has been recognised in quarters where empiricism is regarded as the sole guide in prescribing. Dr. Graves, for example, says, "I have no doubt that five or ten grains of *sulphur* taken three or four times a day is one of the best remedies that can be prescribed in cases of chronic cough, accompanied by constitutional debility and copious secretion into the bronchial tubes."

#### IN HEART DISEASE.

It is where, owing to stenosis of the mitral valve, in cases where, in addition to the impediment to the circulation at the left auriculo-ventricular opening, we have the free entrance of air impaired by the narrowing of the congested bronchial tubes, that bronchitis involves so much danger to life. Scarcely less serious is any impairment in the capacity of the aortic valves.

The symptoms are similar to those presented by a bronchitis occurring in a person of ordinary health, save that the dyspnoea is much greater and the exhaustion more pronounced. The expectoration is rarely, in the first instance at any rate, considerable, but in the later stages there is great difficulty in expelling any mucus accumulation.

When, in a case of organic cardiac disease, we find a frequent short hard cough, soreness over the anterior surface of the chest, scanty expectoration, sibilant râles, painful dyspnoea, together with palpitation, a quick irregular pulse, and a degree of irritation in excess of the amount of bronchial inflammation, *bryonia*, given in alternation with *arsenic*, is the medicine which, so far as my study and experience has gone, is not only that most homœopathically indicated, but that which gives the quickest and greatest amount of relief. Should capillary

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\* *Clinical Lectures on the Practice of Medicine*, vol. II., p. 16, Sydenh. Soc. Edition.



bronchitis threaten, *tartar emetic* alone is the most useful medicine

There are cases where the cardiac symptoms are especially prominent, where there is a sense of constriction over the heart, which evidently labours in its work, the respiration is very much oppressed with a sense of suffocation, aggravated by cough, attended by scanty mucous expectoration, the pulse being weak and irregular. In such, *cactus* is of all others the medicine which is most serviceable.

In cases of bronchitis, where the heart is dilated, the pulse feeble and intermittent, breathing seriously oppressed and expectoration scanty, *digitalis*, either alone or in alternation with *bryonia*, or with *ippecacuanha*, if the cough is at all spasmodic, will constitute our most reliable medicines. During convalescence in these cases *arsenic* is most frequently indicated.

#### IN DISEASE OF THE LIVER AND KIDNEY.

In congested liver it is, where this condition is secondary to disease of the mitral valves, where the blood-stasis arising in the vena cava and hepatic veins has extended to the portal veins, that bronchitis is most common, and then the remedies called for in cardiac disease will be those indicated.

In Bright's disease of the kidney the susceptibility to cold is largely increased, and hence catarrhal bronchitis is frequent in its chronic forms. The mucous secretion is usually free, with considerable soreness of the chest and frequent cough. The medicine which is most generally indicated, both by the bronchial and renal symptoms, in these cases is *mercury*.

#### IN RICKETS.

I refer to bronchitis here chiefly to introduce an observation of Sir William Jenner's regarding the source of danger where it occurs in a rickety child. This he points out arises not so much from the intensity of the inflammation as "because the softening of the ribs renders the mechanical power, by which inspiration is performed, so defective that the impediment offered to the entrance of air by the mucus in the bronchial tubes cannot be overcome, and collapse of large portions of lung follows."

I believe that in such a case our most hopeful medicine would be *phosphorus*, given in the third decimal dilution pretty frequently.

#### CAPILLARY BRONCHITIS.

I have already made frequent reference to this this evening, but it is a form of the disease of such grave importance that, at the risk of drawing somewhat largely upon your patience, I must allude to it a little more in detail.

In children of a few months old, capillary or suffocative bronchitis is occasionally, though rarely, idiopathic; more frequently it arises either from an extension of the inflammation from the larger to the smaller tubes directly, or, still more frequently, from the downward passage of the catarrhal products which have accumulated in the former.

In the aged and worn-out it is almost always the result of an extension of the inflammation of a catarrh of the larger tubes.

In both the young and the old there is also the danger of pneumonia arising from the secretions passing from the terminal bronchi into the infundibulum, and being inhaled into the air vesicles.

These cases occur most frequently in infants who have already had one or more attacks of bronchitis. When it is idiopathic it is more or less sudden in its appearance. The first symptom to attract attention is the oppression of the breathing and the rapidity of the respirations, together with increased heat and thirst. The temperature rises rapidly to 103° F.—104° F., the respirations to from fifty to sixty per minute, while the pulse at the same time beats at the rate of from one hundred and sixty to two hundred times per minute. The character of the respirations is noteworthy, the inspiration being short and sharp, the expiration prolonged and laboured. Auscultation during the first few hours is purely negative—so far as the seat of disease is concerned—a certain amount of sibilus is usual, but it is tracheal, not bronchial, in its origin. Neither is there much cough; indeed, often there is none at all. As time goes on the face flushes darkly, and gradually has a livid appearance. In cases which prove rapidly fatal, little or no cough may be noticed, the respirations continue with unabated rapidity, and the lividity of the lips

and cheeks increases. Where recovery takes place, on the second or third day the cough increases in frequency, mucous râles are heard all over the chest, and some efforts at expectoration are made, the respirations diminish in number, and the pulse falls.

These two stages represent *first*, a condition of congestion of the mucous membrane; and, *secondly*, one of secretion. It is when this has fairly commenced that the danger of pneumonia presents itself. It is difficult to detect its actual presence conclusively, but if, instead of the mucous râles increasing in size, there is minute crepitation at the basis of the lung and the breathing, after having somewhat diminished in frequency, increases—that pneumonia has set in may be safely inferred.

At the onset of a capillary bronchitis *aconite* is our mainstay. Given early and given frequently, at least every hour, we may reasonably hope that the stage of congestion will be promptly checked, and, if that of secretion is not altogether prevented, it will at any rate be kept within such limits as shall prevent inhalation of the catarrhal products by the air-vesicles. *Aconite* is the only medicine, so far as I know, which can be given with confidence during this stage, and, consequently, the alternation of it with any other is a mistake.

When, however, secretion commences, when the lips appear somewhat livid, when the breathing is very heavily oppressed, when the pulse, though still excessively rapid, is smaller, *aconite* must be laid aside and *tartar emetic* be given at once. Given not as a depressant to reduce excessive pyrexia, not as an emetic to procure the expulsion of accumulated mucus, but as a specific to extinguish the morbid process going on in the mucous membrane of the extreme bronchi. It is the dose in which it has been deemed necessary to give this medicine in the past for the purpose of procuring a subsidence of the fever, or its emetic action, that has proved so ineffective, if not so positively deleterious in the hands of those who do not recognise its specific action. On the other hand, if prescribed in drop doses of the third decimal or third centesimal dilution the good results which follow are speedily apparent in a more healthy appearance of the lips and cheeks, in the less frequent respirations and the more frequent cough with mucus clinging about the tongue and cheeks, requiring removal.

Lastly, if signs of pneumonia are present, *phosphorus*, in the third centesimal dilution, will be more effective than the *antimony*. During convalescence, while cough and mucus still remain, though the respirations have become nearly normal, *hepar sulphuris* will be required to complete the recovery.

In old people, where the prominent condition is general asthenia, our choice of a remedy lies between *tartar emetic* and *arsenic*. Where lividity, oppression of respiration, an excessive secretion of mucus with a sub-normal temperature are present, the former is the more useful medicine. Where the heart is particularly feeble, irregular in its action, and palpitation troublesome, the respiration difficult, but the mucus not very considerable in amount, where, indeed, there is more congestion of the mucous membrane, than an active secretion of catarrhal products, then *arsenic* is more truly homœopathic and hence gives better results in practice.

#### PLASTIC BRONCHITIS.

Of plastic bronchitis I have little to say. It is very rare and I have never met with a case. The symptoms which might lead one to expect its presence are a loud sibilant râle and dyspnoea without expectoration, out of all proportion to the other phenomena of a simple bronchitis. Its actual existence is not ascertainable until a cast of the tubes has been expelled. What medicine is there that is homœopathic to such a condition as this? In some very interesting experiments on rabbits, detailed by M. Curie to the Société Médicale Homœopathique de France, in 1860, it was proved that *bryonia*, given in increasing doses daily for eight months, produced a pseudo-membranous firm tube lining the larynx, the trachea, and penetrating the second and third ramifications of the bronchi. Hence, M. Curie showed that *bryonia* did produce something exceedingly like plastic bronchitis.

At the British Homœopathic Congress, held at Leeds, in 1880, Dr. Gibbs Blake, of Birmingham, exhibited some well formed casts from the bronchial tubes of a patient then recently under his care. A report of the case was published, and I therefore wrote to Dr. Blake a few days ago for some particulars respecting it. In a letter received from him in reply, he says: "The patient was

a man of sixty, with a dilated right heart. For several days he expectorated complete arborescent casts of bronchial tubes, varying from two to six inches long. The one I exhibited at Leeds was very perfect. *Bryonia* 2x was the only remedy. He made a complete recovery, and is now well. He has had no return of the disease."

This is a fair illustration of the well established fact, that the law of similars will enable us to predicate a remedy in a disease we may never have met with before.

In conclusion, let me say a few words on the general therapeutics of acute bronchitis.

In the first place, a patient should be confined to a room with a temperature of 65° F, and during the congested stage the atmosphere should be kept moist by steam from the "bronchitis kettle." During the same period, warm moist applications, either in the form of linseed meal poultices, or the wet compress, should envelope the chest. There is, I believe, no doubt about such applications materially assisting in reducing congestion. But, when expectoration, free expectoration has begun, I am nearly equally sure that they do harm. They diminish the contractile and consequently expulsive power of the bronchi, and by their weight lessen and impede the expansive powers of the chest.

When, then, expectoration of catarrhal products has been fairly set a-going, my practice is to remove all moist heat and wrap the chest in cotton wool. It is lighter, and consequently is no hindrance to free respiration, and being dry has no relaxing influence over the muscular tissue of the tubes.

In the dry stage inhalations of steam, unmedicated save with the specific medicine, are often grateful. During that of secretion such inhalations are, like poultices, injurious.

Great advantage may be derived from bronchitis patients wearing flannel next the skin. It is as useful in acute bronchitis as it is in acute rheumatism. Warmth to the body, clearly within the limits of producing its depressing influence, should be promoted by every means at our command.

The diet will be regulated by the power of digestion possessed by the patient. Bland simple nutriment in sufficient quantities is needed to counteract the waste incurred by fever and the catarrhal secretions. The

appetite is generally *nil*, and there is often a loathing of food. Here peptonised foods have been useful, when the state of exhaustion present clearly demanded more nutriment than the patient could be persuaded to take, or than could be digested when presented in the ordinary form.

Stimulants—acoholic stimulants—are rarely called for except in capillary bronchitis. Here a few drops of brandy given to an infant in the extremity of exhaustion has helped the little heart to carry on its work until the specific medicine has so influenced the tubes as to check or promote absorption of the secretions. In the aged, champagne has frequently proved effectual in the same way.

Counter-irritants in the form of mustard-plaisters—to say nothing of blisters—are, I believe, absolutely needless in all cases where specific medication is resorted to.

With a warm well-ventilated room, warm clothing, a comfortable bed, adequate supplies of easily-assimilated nutriment, and a medicine accurately specific to each stage of each individual case, acute bronchitis is a disease which, unless there is some long-standing organic disease behind it, is rarely fatal, except in the capillary form in infants, and even here the results, which a strict adherence to accurate homœopathy has enabled us to obtain, are far in advance of the methods commonly taught in our medical schools and text-books, and but too generally adopted by practitioners of medicine throughout the country.

#### DISCUSSION.

Dr. DUDGEON said Dr. Pope had given a good account of the large number of diseases included under the head of bronchitis, but it struck him that his paper justified Hahnemann's objection to nosological terms, for under this name there were included a vast number of affections. The paper covered so much ground that it was difficult for the mind to take it all in. It would have been better for the purposes of discussion if Dr. Pope had confined himself to a more limited field. Dr. Dudgeon thought the calling of all bronchial catarrhs "bronchitis" was unfortunate, as all persons now who had a cold on the chest insisted on having their disease called "bronchitis." It was very necessary to distinguish the different kinds. Dr. Pope's dissertations were too good—they were like the specimens exhibited in museums, models of what

they ought to be. But in real life we did not find things so clear. Medicines do not always act as indicated in books. As Fleischmann used to say, "*Sanantur in libris, moriuntur in lectis.*" He thought the paper excellent as a text-book article on the diseases commonly included under the term bronchitis, and likely to be of great use to students.

Dr. DYCE BROWN thought the paper was of much value. As, however, one thought oneself *au fait* on any subject, we were much the better for having our knowledge rubbed up now and then. He hoped Dr. Pope would give us more of such papers. He regretted that he was not present at the beginning of the paper, but what he had heard was so complete as to hardly admit of criticism.

Dr. NEATBY expressed his satisfaction with the paper, and felt it would be of great use to him in the winter. He emphasised the value of *arsenic* in the capillary bronchitis of the aged. Lividity and profuse expectoration, the expectoration not giving relief, indicates the remedy.

Dr. HARPER said there was one medicine which had stood by him in cases of great danger, namely, *sanguinaria*. One case was of ordinary bronchitis, running a rapid course in a lady, the smaller tubes being affected. *Aconite*, *bryonia* and *tartar emetic* had done no good. Delirium set in, and Dr. Harper thought she would not live till morning. She had *sanguinaria* 1x, two drops every hour. He went early and expected to find the patient dead; but she was much better, and quite altered when he saw her. She was better after the second dose. When practising allopathically these cases had invariably died. The second case was in an older woman. The disease spread rapidly; nothing arrested it among the ordinary remedies, but *sanguinaria* did promptly. Dr. Harper did not expect recovery in this case either. Since then he had treated with the same medicine acute and chronic cases with good results. He had had far better results from this than from *tartar emetic*. The expectoration became freer. Dr. Hale mentioned its value in pneumonia. There was none in these cases. *Ipecacuanha* he had used in children with good results, as recommended by Dr. Henderson.

Dr. CARFRAE rather agreed with Dr. Dudgeon in thinking that the paper would have gained in value if it had been more limited in scope. Dr. Skinner would call this Hendersonian or pathological homœopathy. He wished there had been present members of the Skinner school to give us their aspect of the case. Dr. Carfrae mentioned a case which had been treated by a member of this school, and afterwards came under his care, and was treated on Dr. Pope's plan, and with good result. But he would be glad to hear the other side.



Dr. MORE agreed with Dr. Dudgeon in saying that medicines failed at the bedside that were successful in books. *Kali bichromas* had often failed him. *Sanguinaria* in similar cases had served him better. *Nitric acid* he had found most useful, especially in chronic cases. He learned that in dispensary practice in Edinburgh.

Mr. BUTCHER agreed with Dr. Harper as to the value of *sanguinaria*. He also praised *sulphur* in the bronchitis of old people. He made observations on the differences that existed in the type of bronchitis as affected by locality. At Eton and Windsor many asthenic cases seemed to need *arsenic*. He thought that there was much to be learned by a careful study of types of disease as modified by local influence.

Mr. KNOX SHAW: In the general treatment he had discarded poultices in almost every case in favour of hot cotton wool. This he preferred. In the earlier stages he found great comfort from a mustard compress kept on all night. Wring out a pocket-handkerchief soaked in a teacupful of boiling water in which a teaspoonful of mustard was mixed, and apply it to the chest at night, covering it with oiled silk. In naso-pharyngeal catarrh with profuse secretion, *sanguinaria* in a low dilution was his sheet anchor. He had not used it in acute bronchitis.

Dr. CLIFTON (Northampton) regretted that the paper could not have been read at one meeting and discussed at another. The paper was an admirable one—if taken as a concise chapter on the therapeutics of bronchitis—and such an one as he could adopt. Nevertheless, it was very deficient, inasmuch as the range of medicines indicated was very limited. We heard nothing of *ammon. carb.*, *cannabis*, *rumex*, *senega*, *squilla* and other medicines; nor of the dilutions of the remedies used. *Ant. tart.*, like other drugs, would be very valuable in 12x dilution with one set of symptoms, and 2x in another set, and he thought these points should have been brought more fully out. He, like others present, had used *sanguinaria* with good results.

Dr. GALLEY BLACKLEY said he would like to mention one or two little points; firstly, that there were cases of bronchitis, where the affection did not begin in the naso-pharyngeal part of the air passages; he had seen many cases occurring during fogs in London, and especially in Liverpool, beginning as laryngitis and going on to bronchitis. He had also seen it occasionally from inhaling irritating fumes in a chemical laboratory. He would suggest to Dr. Pope that *gelsemium* might be thought of in the bronchitis of typhus cases, where there was difficulty in getting rid of the secretions from paralysis of the respiratory muscles. He did not consider that capillary

bronchitis occurring in the very young should be necessarily fatal. *Aconite* and *antim. tart.* were his chief remedies. He also approved of hot dry applications in preference to poultices. He doubted the occurrence of true capillary bronchitis in the aged, and looked upon the condition as being rather one of oedema of the smaller bronchial tubes. The temperature was frequently very low in such cases. He had only seen one case of plastic bronchitis, and that was under allopathic treatment. The exudation came away in large arborescent tufts; there was an absence of all urgent symptoms, no very high temperature, and the patient made a good recovery.

Dr. CLARKE said that Dr. Blackley's case illustrated a remark he was about to make on Dr. Pope's observations on the use of *bryonia* in the disease as indicated by Dr. Curie's experiments on rabbits. The patient might have got better without the *bryonia* as Dr. Blackley's friend did. Also he would like to ask if there were other symptoms in the case calling for *bryonia*. He thought Dr. Pope's paper gave clear account of the main lines of the disease and its remedies, but took no account of its finer shades. He mentioned a case of gouty bronchitis with much coryza and nasal catarrh, and very irritable skin eruption, in which *allium cepa* 12 was signally successful after the failure of other more ordinary remedies. He also mentioned *pulsatilla* as one of the medicines of which no mention had been made.

The PRESIDENT (Dr. Hughes) commented on Dr. Moir's experience with *kali bichromas*; and said it was in the acute cases that it was of no value against tenacious expectoration; for here *aconite* came in, but in chronic cases it was excellent. (Dr. Moir said it was in acute cases that he found it disappointing.) In reference to *sanguinaria*, he said that its most brilliant triumph had been in oedematous laryngitis. He thought in Dr. Harper's cases there may have been oedema. He thought *iodide of arsenic* was of most value in chronic cases; but in acute cases threatening to run into tuberculosis, *iodine* itself was of the most service.

Dr. POPE (*had he not been obliged to leave the meeting early would have*) said in reply, that though it was true, as Dr. Dudgeon, Dr. Moir and others had observed, that medicines did not act always as our books and papers suggested that they would do, and that it was next to impossible to adopt medicines homœopathically to a nosological name, nevertheless, he thought that by endeavouring to point out the various phases in which a given disease manifested itself, a great deal might be done to help a practitioner in prescribing. We must remember that while there was an ideal therapeutics—the examination of each individual case by Repertory and

Materia Medica—of which we should never lose sight, there was also a practical therapeutics with which we must be familiar, as a stepping-stone to the ideal. There was meat for strong men, but also milk for babes. Dr. Harper and Mr. Butcher had referred to *sanguinaria*—a medicine he, (Dr. Pope) had, so far, chiefly found useful in chronic catarrhal bronchitis with a hard, dry, tickling cough and pain at the lowest part of the trachea. In some of its deeper symptoms, however, it resembled *tartar emetic*, and would, in individual cases, perhaps, be more strictly indicated than it. Dr. Pope quite agreed with Dr. Blackley in thinking that *gelsemium* might be useful in the bronchitis of typhus, where the respiratory muscles seemed paralysed. Dr. Clarke apparently objected to the idea of *bryonia* having had any influence in promoting the recovery of Dr. Gibbs Blake's patient, because the key to its usefulness in such cases was derived from a rabbit. This was, perhaps, to be expected; but, at the same time, he thought that we should gratefully accept knowledge from every quarter, including rabbits. Of the details of Dr. Blake's case he knew no more than he had told them. Doubtless, cases of plastic bronchitis had recovered without *bryonia*, just as pleurisies had done. But it was our duty to do the best we could for our patients, and experiments having told us that *bryonia* was, so far, the most perfectly homœopathic remedy to such a condition, we should give our patients the benefit of this knowledge. *Bichromate of potash* he (Dr. Pope) had, in such cases as he had described, found to be of great service; as he had also found it to be in many chronic cases.

## WINTER CLIMATES.

By DR. ALFRED DRYSDALE.

At the risk of being compared to the shoemaker who, when asked his opinion as to the best material with which to construct the tower-fortifications, declared that there was nothing like *leather*, I shall begin by stating my conviction that the best winter climate as yet discovered is that of the Mediterranean coast between Toulon and Genoa.

The cause of this exceptionally favoured climate of the Riviera is not to be sought in latitude, for a glance at the map will show that it lies two to three degrees to the north of New York and Pekin, both of which places possess extremely rigorous winter climates. It is to be looked for rather in situation.

I need not point out here the modifying effects upon climate of large masses of water. My readers are well aware that owing to the much higher specific heat of land as compared with water, the sea takes longer to become heated, and loses its heat more quickly than does land. The temperature at sea is therefore more uniform, *i.e.*, cooler in summer and warmer in winter than is land of a corresponding latitude. This mitigating influence is exerted by the great mass of water called the Mediterranean Sea, which is, as it were, locked in by land on all sides.

But the chief reason for the exceptional advantages of the Riviera climate lies in the peculiarly favourable situation of the ranges of mountains which enclose it on all sides advancing almost into the sea. During the winter months the great central plains of Europe are covered with snow, and are traversed by prevailing northerly and easterly winds. These winds sweep the whole Continent of Europe, except that part of it which is protected by the high double and even triple screen of the Alps. But the district immediately to the South of the Alps, though protected from the icy north and east winds, lies exposed to the blasts which descend from the Alps themselves, which in winter are of course covered with ice and snow.

It is the peculiar felicity of the Riviera district that it is protected, not only from the northerly and easterly winds which have traversed the snow plains of Russia and North Germany by the Alps, but also from the icy winds which descend from the snow-clad Alps themselves, by an intervening range of mountains high enough to act as a screen against these Alpine winds, but not sufficiently high to allow snow to rest on their summits even in winter.

The latitude, again, is such that the sun's rays have sufficient warmth and brightness without producing an enervating temperature. Were the Riviera equally well situated as regards the configuration of the country and the mitigating influence of the Mediterranean, the climate would be too enervating were it nearer the equator, and would be too cold were it farther away from it. We thus see how all conditions of situation and latitude seem to be combined to produce the best possible winter climate in this favoured region.

The only European rival to it is the Engadine. Owing to the altitude of this district it escapes entirely from the baneful northerly and easterly winds before spoken of. At an elevation of 5,000 feet above the sea a perpetual calm seems to reign. As regards human beings, sensations of cold are produced less by the absolute temperature, as measured by the thermometer, than by the contact of successive layers of air with the surface of the body, which abstract the animal heat and then make room for a fresh layer of air, which acts in a similar manner. This is the reason why, in the Arctic regions, though the temperature is many degrees below freezing point, no sensation of cold is experienced, as long as breezes are absent; directly, however, these spring up, danger of frost-bite arises. For this reason, whatever may be the average temperature—and it is usually many degrees below zero—the climate of the Engadine is virtually a warm one, because a dead calm usually prevails. The apparent paradox of sending consumptives to a region of snow and ice is therefore explained, and with the explanation, I am afraid some of the fascination of the expedient will be lost. However this may be, it is certain that the practice is considerably on the wane.

To my mind it certainly presented many drawbacks. To the consumptive the one thing needful is that he should lead a free out-of-door life—should, in fact, if possible, be out of doors from morning to night. But in the Engadine this was impossible; many hours of the day had to be passed shut up in the hotel, in stove-heated rooms, with very little variety of companionship or occupation. Added to this, are the difficulty of reaching it and the equal difficulty of getting away, the expenses of living, and the necessity of moving in spring and autumn, when the snow melts.

Before closing, I should like to say a few words as to the kind of persons requiring a warm winter climate, and the kind of climate to be chosen.

Consumptives of all kinds may be sent to the Riviera, but young male adults, able to support some amount of hardship, and not possessing very long purses, should be preferably sent to Australia in a sailing vessel. This course may be more especially followed in the case of young men of active temperament, who are good riders and may have a career before them as squatters. On

the other hand, the voyage to Australia is, in my opinion, contra-indicated in the case of delicately nurtured women, in those who suffer much from sea-sickness, and in all cases of an advanced or unfavourable character.

Incipient cases only, in my humble opinion, should be sent to the Engadine, and those not subject to the repeated attacks of hæmoptysis.

Warm winter climates are also of great service in prolonging the lives of old people. Almost all cases of chronic bronchitis are benefited by escape from the damp and cold of an English winter. Certain forms of retarded development and of anæmia in adolescents of both sexes, I have seen greatly benefited by a winter on the Riviera. Those suffering from weak hearts and mitral disease also derive benefit. Some rheumatic and gouty cases, and the catarrhal forms of Bright's. Aortic disease and degenerative Bright's disease I believe to be distinctly made worse by warm climates. Articular rheumatism and ordinary gout are benefited, but there is a form of rheumatic gout chiefly affecting the knee-joints, which seems to be aggravated by the dry air of the Riviera.

44, Rue de Fréjus, Cannes.

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## REVIEWS.

*On Spectacles: Their History and Uses.* By Professor HORNER of the University of Zurich. Published for the Society for the Prevention of Blindness and the Improvement of the Physique of the Blind, by Ballière Tindal & Co. London, 1887.

THIS brochure of 28 pp., the latest pamphlet issued by the society of which Dr. Roth is the energetic secretary, is intended to convey in a popular form much-needed information upon the use of spectacles, and to clear away many of the erroneous impressions which are still prevalent as to their practical application. Professor Horner briefly refers to the ancient history of spectacles, but rightly devotes the largest portion of the work to indicate what modern science has done in improving our knowledge of the eye as an optical instrument, and to show how errors in its form can be remedied by the use of lenses. After demonstrating in a clear manner, aided by diagrams, the meaning of the terms, old-sighted, long-sighted and short-sighted, and explaining the wonderful power of accommodation, he points out how the consequences of these defects are to be overcome by the use of

carefully-chosen glasses. A very prevalent error, causing much unnecessary inconvenience and suffering to those who are just entering upon the stage of old-sighted, or presbyopic vision, is lucidly exposed. Referring to the almost universal fear of beginning glasses too early, Professor Horner says: "Should spectacles be resorted to at the first signs of difficulty working and reading? Certainly, when there are special calls on the eye for continuous fine work, especially at night, but not for all coarse work, otherwise one becomes too much the slave of spectacles. But it should be particularly insisted on that waiting too long before resorting to spectacles and employing the bad assistance of too strong a light are more injurious, and only necessitate a rapid increase of the strength of the spectacle. As a rule, we find that too weak glasses cause more inconvenience to the old-sighted than too strong glasses."

The Professor's remarks upon long-sightedness (hyperopia) and its influence in childhood upon squinting are worthy of attention. In Zurich there is a much-to-be-commended system in vogue, unfortunately not yet attempted in England, namely, a regular inspection of the eyes of the children attending the Town Schools. By this means errors of refraction are discovered, and where necessary glasses ordered, the use of the eyes regulated, and much unnecessary fault-finding with the children prevented.

This pamphlet were alone worth publishing did it but bring home to mothers and fathers, and even many of the medical profession, that 88 per cent. of those suffering from internal squint are hyperopic, that numbers of children are "ignorantly badgered and scolded when reading, writing, or sewing," who suffer from headache and sometimes even severe cerebral symptoms, and that their apparent stupidity and frequently real suffering can be removed by the proper use of spectacles.

Valuable information is given both with regard to the causation and prevention of short sight (myopia), a condition unfortunately on the increase, and, if the lessons taught by German investigation are worth anything, one likely to continue while the necessities of advanced education demand of the scholar more and more prolonged application of his eyes to his work. Parents and those who have the care of children cannot be too well informed upon such matters. As to that more complicated error of refraction, astigmatism, and its correction by cylindrical glasses, Professor Horner says but little; its details are too technical for popular readers. The little book, however, is well worth careful study by all those who would know how to "mind their eyes."



## MEETINGS.

### THE BRITISH HOMŒOPATHIC CONGRESS, 1887.

THE Annual Congress of medical men practising homœopathy in Great Britain and Ireland was held on Thursday, the 22nd of September, at Liverpool, where rooms in the new Hahnemann Hospital, Hope Street, were kindly placed at the disposal of the Congress by the Board of Management.

The President, Dr. CLIFTON (Northampton), occupied the chair, and he was supported by Dr. DRYSDALE, Dr. MOORE, Dr. HAYWARD, Dr. J. D. HAYWARD, Dr. C. HAYWARD, Dr. HAWKES, Dr. ELLIS, Dr. GILBERT, Dr. GREIG, Dr. GORDON, Mr. MAHONEY, Dr. L. E. WILLIAMS, Mr. HUDSON, and Dr. E. CAPPER (Liverpool); Dr. PROCTOR (Birkenhead); Dr. THOMAS (Chester); Dr. ROWBOTHAM (Waterloo); Dr. BLUMBERG and Dr. HARVEY (Southport); Dr. BLACKLEY, Dr. MOIR, and Dr. PERKINS (Manchester); Dr. HAYLE (Rochdale); Dr. FINLAY (Rawtenstall); Dr. DUDGEON, Dr. DYCE BROWN, Dr. CLARKE, Dr. POWELL, Mr. HARRIS, Dr. GALLEY BLACKLEY, Dr. COOPER, Dr. JAGIELSKI, and Mr. KNOX SHAW (London); Dr. NEATBY (Hampstead); Dr. PULLAR (Norwood); Dr. BURWOOD (Ealing); Dr. BRYCE and Dr. WOLSTON (Edinburgh); Dr. SIMPSON (Glasgow); Dr. WYNNE THOMAS, Dr. MADDEN, Dr. G. A. CRAIG and Dr. J. CRAIG (Birmingham); Dr. LUTHER and Dr. BROTHIE (Belfast); Dr. E. WILLIAMS, Dr. NICHOLSON and Dr. BODMAN (Clifton); Dr. POPE and Dr. NEILD (Tunbridge Wells); Dr. G. CLIFTON and Dr. MASON (Leicester); Dr. SCOTT and Dr. RIDPATH (Huddersfield); Dr. HUGHES (Brighton); Dr. H. NANKIVELL (Bournemouth); Mr. NORMAN (Bath); Dr. GUINNESS (Oxford); Dr. KER (Cheltenham); Dr. KENNEDY (Newcastle); Mr. DEANE BUTCHER (Windsor); Dr. MURRAY (St. Albans); Dr. ABBOTT (Warrington); Dr. F. W. CLIFTON (Sheffield); and Dr. A. E. DRYSDALE (Cannes).

Among the homœopathic chemists present were Mr. THOMPSON, Mr. CAPPER and Mr. MARPLES (Liverpool); Mr. THOMAS (Chester); Mr. FOSTER (Scarboro'); Mr. CORFIELD (Birmingham); Mr. F. CLIFTON (Derby); and Mr. E. CLIFTON (Ipswich).

The visitors were Major VAUGHAN MORGAN, the Chairman, and Mr. CROSS, the Secretary of the London Homœopathic Hospital, and Mr. SCRIMGEOUR, the Secretary of the Liverpool Hahnemann Hospital.

The PRESIDENT, Dr. A. C. CLIFTON, of Northampton, opened the proceedings by the delivery of the inaugural address, which appeared in our last number.

Dr. A. C. POPE (Tunbridge Wells), on the conclusion of the address, said: I rise for the purpose of proposing that a hearty vote of thanks be given to Dr. Clifton for the extremely

interesting and instructive address we have heard from him this morning. (Applause.) The progress of therapeutics, as he has here laid it before us, is, I am sure you will all agree with me, at once correct and satisfactory—(hear, hear)—while his definition of our position in relation to therapeutics will equally meet with your approval. (Applause.) Dr. Clifton has described the duties and obligations which are placed upon us, as practitioners of medicine, towards ourselves and towards the profession at large, in a way which will well repay reflection when we have dispersed to our several homes. (Applause.) I have very great pleasure in asking you to join in a hearty vote of thanks to Dr. Clifton for his address this morning.

Dr. KER (Cheltenham): I have much pleasure in seconding the vote of thanks.

The vote was carried by acclamation.

Dr. DYCE BROWN (Hon. Sec.) read the official report of the last Congress, which was unanimously approved of by the members.

The HON. SECRETARY intimated that he had received the following telegram from Dr. Drury (Bournemouth):—"Best wishes to the President and success to Congress and hospital. Great regret at absence." He had received a letter from Dr. Sharp (of Rugby) who said he had had to keep to his bed for three days, and was not able to bear the exertion of travelling. He sent his best wishes to the Congress. Dr. Roth (London) also wrote, and in his letter, which was addressed to the President and members of the Congress, said: "I am extremely sorry I shall not be able to be among you on the 22nd, but, if not in body, I shall be with you in spirit."

Dr. JOHN DAVEY HAYWARD (Liverpool), author of the Vaughan Morgan prize essay, in response to the call of the President, read the first paper, which was entitled *The Use of Drugs in Surgical Cases*. This, with the discussion to which it gave rise, we regret that we are obliged to postpone publishing until December.

Dr. PROCTOR, of Birkenhead, followed with a paper on *Ammonia*, which, with the discussion upon it, we hope to publish in our December number.

The President then announced an interval for luncheon. On the Congress resuming at two o'clock, the President said the repast they had enjoyed had been provided by their colleagues in Liverpool, and he was sure that they would all desire to pass a vote of thanks to them for their kindness. The proposal was very heartily received and adopted by acclamation.

The following report of the Hahnemann Publishing Society was presented by Dr. Hayward, senior :—

“ The general meeting of this society was held in the Board room of the Liverpool Hahnemann Hospital on the morning of September 22nd, Dr. Hughes, President, in the chair ; there were 24 members present. The minutes of the previous general meeting were read and signed, and the report of the proceedings for the past two years was read and approved. The accounts showed a balance in hand of £7 8s., and the auditors certified them as correct. After much discussion, it was agreed to suspend the further publication of the *British Repertory* until the completion of the *Cyclopædia of Drug Pathogenesis*, so that, when published, it might represent the really purified and up-to-date completed *Materia Medica*. After further discussion, it was also agreed to confirm the resolution came to at the Norwich meeting, viz., that the *Cyclopædia of Drug Pathogenesis* be proceeded with in its present form, and that a companion volume be produced which shall furnish the other necessary parts of a complete *Materia Medica*, viz., the pharmacology, commentaries, therapeutics and clinical experiences. This, it was thought, would be the most likely way to succeed ; though it was admitted that a better plan would be to prepare this other matter in anticipation of the presentation of the drugs in the *Cyclopædia* and send it to Dr. Hughes, who could then endeavour to have it printed and issued in the *Cyclopædia*. Appeal was made for gentlemen to undertake this work ; and on this appeal being repeated in Congress, Dr. Herbert Nankivell undertook to act as editor of such work and to do what he could to procure workers. After further discussion, it was also agreed that the best form for the future *Index* to the *Cyclopædia* would be, not the alphabetical, but the schematic ; and Dr. Hughes expressed the hope and opinion that the *Cyclopædia* would be completed by 1890, and the *Index* would then be proceeded with.”

Dr. DUDGON (London) mentioned the proposal to issue the companion volume to the *Materia Medica*, and said if that work were to be undertaken there should be no time lost. It would not do to wait until the *Cyclopædia* was completed, because such a long time would elapse before the work was ready. He thought they should ask someone to undertake the editorship of the forthcoming volume—someone who would take it in hand and bring it to a completion *pari passu* with the *Cyclopædia*. The best man in the world to do that would be Dr. Hughes.

Dr. HUGHES declined the honour on account of the pressure of his other literary work.

Dr. DRYSDALE suggested Dr. Pope.

Dr. POPE said, with the management of the *Homœopathic Review*, the revision of his lectures, and other literary work, he had as much in hand as he could possibly undertake. He suggested Dr. Herbert Nankivell, of Bournemouth.

This nomination was warmly received by the Congress, and Dr. NANKIVELL accepted the position for twelve months.

Dr. HAYWARD, sen., then introduced the subject of the *Materia Medica* in the following remarks:—

He said: I have only a few words to offer on the subject of our *Materia Medica*, but I do wish to draw attention to the melancholy fact that the Herculean work being done for us by Drs. Hughes and Dake in the *Cyclopædia of Drug Pathogenesis*—important and essential though it be—is comparatively useless to us as *practitioners* of our art. It is really a fact that it is comparatively useless. Which of us, I may ask, ever takes it from his shelf to look up a symptom when prescribing for a patient, as Hahnemann says we ought to do? I think I may safely venture to say not one in the hundred of us ever does so in one case in the hundred for which he prescribes! As *students* of the *Materia Medica*, I admit, it is simply invaluable to us; nothing can take its place, and none of us should be without it, or, having it, should neglect to read and digest well every page. It is, indeed, the only book in which we can properly study the pathogenetic action of the drugs we have to use; and no one can be considered to be furnished with the material for the study, or possibly be able to study, the *Materia Medica* without it. Its possession and study are absolutely essential to every one of us. But, as I have already said, it is not possible for the practitioner to make use of it in his daily work. It is, so far as the practitioner is concerned, a white elephant. It is simply impossible for us, in the hurry of practice, to find in it if any particular drug has produced any particular symptom when wanted for comparison in treating a case of disease. Suppose, for example, a patient comes to us complaining of “Sore throat on awakening, with a sticking pain on swallowing and speaking, aggravated by lateral movement of the lower jaw and extending into the ears, with the soft palate reddened.” [*Cyclo.*, p. 181 (23rd); symp. 71 in *Materia Medica, Phys. and App.*] How shall we find which medicine has produced this symptom? Suppose we thought it was *belladonna* (which it is not), how should we find out, whilst the patient sits by us waiting to be prescribed for, that it is not *belladonna*, seeing that to do so we would have to look over the narratives of nineteen provings and eleven of cases of poisoning, extending over nineteen pages of the *Cyclopædia*? The fact is, we would not look, but would

simply guess. But suppose we were under the impression, or were told by a repertory, or an *Index*, that it was *kali bichromicum* (which indeed it is), how shall we find out whether it is or not, seeing that we would have to look over thirty-five narratives of provings and fourteen of cases of poisoning, extending over fifty pages of the *Cyclopædia*? The fact is, we would not attempt, but would simply guess. Now, would this guessing be true homœopathic practice? It may be replied, that the forthcoming *Index* will enable us to easily find any symptom. I hope it will, but I very much doubt it. But suppose it will; the *Index* will be in a separate volume; and who will take down first the *Index*, and then the volume to look up the symptom, in the presence of the patient? I am afraid very few of us. But, it may be said, the finding of separate symptoms is rather the function of the *Repertory*, or *Index*, than of the *Materia Medica* itself. Well, suppose it is; and suppose our *Index* refers us to *kali bichromicum* for the symptom, what better would it be for that? For how could we find the symptom in the fifty pages of the *Cyclopædia*, unless the page and line are also given, which would make a very large volume for the *Index*? The fact is, without these we would not look for it; we would not look if the symptom of the drug did really correspond with that of our patient; we would prescribe on the faith of the *Index*, and thus run the risk of becoming mere *Repertory*-prescribers. Again, suppose the *Cyclopædia* finished and the *Index* completed; ought we to be satisfied then? I think not. A simple list of symptoms with an index might be very useful, but it would be a very imperfect *Materia Medica*, and not such as ought to content a body of scientific men, or as would gain us credit in the eyes of the profession generally. We need to know something more about our drugs. We need to know of chemical substances, their constitution, their solubility, their susceptibility to decomposition, and many other points; and of vegetable and animal substances, their natural history, their mode of collection and preservation, &c.; and of all our drugs we need to know their best form for use, and the best attenuations, and the doses under different circumstances. And we need to know also for what concrete diseases particular drugs are indicated and likely to prove curative; that is, we require some kind of generalisation of or commentary on the pathogenetic indications. Then, again, we need to know if the drug has already been found curative in any of these theoretically indicated diseases; and if so, in what stage of the disease and in what attenuation and what dose; and this information should not rest on the mere assertion of any particular practitioner, but should be corroborated by cases really cured. All this is

very necessary knowledge, but the *Cyclopædia* makes no attempt to furnish it. We need, then, something more than the *Cyclopædia*. We need, in fact, the *Materia Medica Physiological and Applied*. This, and nothing less, will meet our necessities; this, and nothing less, will enable us to become scientific practitioners of homœopathy. The editors of the *Cyclopædia*, indeed, admit as much. And, at our last meeting, Dr. Hughes expressed great confidence that gentlemen would come forward and make the *Cyclopædia* practically useful by doing the additional necessary work. I wish now to appeal to the gentlemen present to take up this work. If only twenty gentlemen would each take but one drug, what a splendid volume we should have by our next Congress! Thanks to Dr. Alfred Drysdale, who has already done the work for *colocynth*; and to Dr. Clarke, who promises to do it for *argentum nitricum*. Will some other gentleman undertake some other drug?

Dr. DUDGEON said that as the *Cyclopædia of Drug Pathogenesis* was now nearly half completed, he did not think it advisable to alter its plan. It was not a work to be used for finding the medicine suitable for cases in our consulting rooms. It was intended for studying the effects of drugs, and, so far from being useless, as some seemed to think, he considered it was invaluable for teaching us the connected history of medicinal diseases, which could only be learned thoroughly in its pages. Dr. Hayward was naturally prepossessed in favour of the plan adopted in the *Materia Medica Physiological and Applied*, to which he had contributed his admirable article on *crotalus*; but if all the medicines were worked up in the thorough manner of that one, twenty or thirty volumes would be required to complete the work. The *Cyclopædia* would be indispensable as a work of reference for the compilation of a repertory, but it could not be used as a repertory, and its editors had never intended that it should be so used. The plan adopted had been approved by the committees appointed both here and in America, and it would be something like a breach of faith to make the fundamental alterations of plan which had just been proposed.

Dr. DRYSDALE said that he fully acknowledged the truth and cogency of all the arguments against changing the plan in the middle of a growing work; but they were all of mere expediency, and granted to the full would leave us for several years yet with nothing but a mere expurgation of *Allen's Cyclopædia*, and in such a form that practitioners would still be obliged to use Allen rather than it for practical purposes, owing to the absence of any method of finding the exact symptoms in a reasonable time. In spite of all the arguments



from expediency of publishers and editors, the true homœopathic public of practitioners desirous of true homœopathy, by the adaptation of pure symptoms to the case in hand, will not cease to feel that they are getting something more like a stone than bread by the continuance of the *Cyclopædia of Drug Pathogenesis* in its present form, and will never be satisfied till they get the medicines worked up in such a form that they can lay their hands on any symptom in a moment, and likewise have before them in the same place all that is known of the pathological and therapeutical action of the drug. In spite of all that had been said, he still thought that the *Index* should be added to each medicine, and not be comprised in a separate volume. Practically, the latter would result in several truncated repertories of complicated form, instead of one complete repertory for our whole *Materia Medica* of a much simpler form.

Dr. POPE said that he regarded the *Cyclopædia of Drug Pathogenesis* as a storehouse of clearly ascertained facts as to the actions of the medicines they used. Dr. Dudgeon had described it with perfect accuracy as a "treasury of reliable medicinal effects which will prove equally useful to the student of drug action and to scientific therapeutists, and which will serve in all future time as the material from which a perfect *Materia Medica* may be constructed." Dr. Drysdale and Dr. Hayward desire much more than this, and still further desire to have everything that can be said regarding each drug in one work. All that we need to know regarding all our medicines cannot, I contend, be contained in one work. Dr. Drysdale has complained that the *Cyclopædia* "can scarcely be said to consist of more than the materials for the study of medicines;" and this is quite true, but is it a just ground of complaint? Surely not. I admit that it does not meet all the requirements of the busy practitioner, and no one ever supposed that it would do so. But these requirements must be built on a solid foundation of fact, and such a solid foundation the *Cyclopædia* gives us, while no other hitherto published work does so. We are asked to add a pathological commentary to each medicine; but such a commentary would necessarily reflect the opinions of the day, and to encumber a record of facts with one of opinions would be to render a portion of it obsolete by-and-bye. In such an enormous study as is that of *Materia Medica*, when rightly viewed, we need, not one, but several works, each looking at it from a different point of view. The volume of *Materia Medica Physiological and Applied* shows that to place everything in one volume, or series of volumes, is impracticable; and not only so, but the attempt to do it would involve a delay in the completion of the



*Cyclopædia* of some ten years. Dr. Proctor has truly said that "before commentaries, repertories and clinical guides can be constructed, it is essential that the raw material should be provided." This is what the *Cyclopædia* is doing, and I have not the least doubt that when the demand comes—as come it will—for commentaries, repertories and clinical guides they will appear, and will have the *Cyclopædia* as their foundation. Commercially, of course, this is not a very promising outlook for the *Cyclopædia*, but from a scientific standpoint it is one which is full of satisfaction. Dr. Hayward has said that at present the *Cyclopædia* is practically useless to the practitioner. Now, I would submit that this depends upon the practitioner. Dr. Hayward appears to assume that the practitioner's power of intellectual digestion is so feeble that he requires to have his *Materia Medica* food peptonised for him—half digested before it is presented to him. I think—at any rate hope—that he is mistaken. The study of the *Cyclopædia* and its adaptation to ready daily use should be done and can be done by each practitioner for himself. An index to the symptoms of each medicine is wanted. Well, let each practitioner make such an index for himself. Doing so involves a little time, but it is time well spent; some study, but it is study that will give him a fuller knowledge of each drug and its mode of action than he is likely to acquire otherwise, far more, too, than he will gain from reading commentaries, studies, or lectures prepared for him by others. It was quite easily done, as Dr. Pope said he had proved by doing *cactus*. If medical men would only depend more upon themselves for details, and be content to take their models from teachers, he was sure that they would know far more about *Materia Medica* than by depending upon teachers for both models and details. He was sure that if practitioners would make their own indices, it would be far better for them, and that they would learn far more than by merely reading the work of other men. The only addition needed to the *Cyclopædia* then would be the numbering of the lines of each page—every fifth line. He believed that if each practitioner would use the *Cyclopædia* in this way, it would be easy to see and become of immediate utility for daily work. When completed an index would be supplied, and he thought that Dr. Hughes had already arranged a plan or would be constructed. Others would doubtless be contents in schema form; others would give series, clinical and pathological, all based upon the contained in the *Cyclopædia*. He therefore urged all that great work as it stood. To do so would be for advantage; while, to alter its construction, or to add

to it in any way would, he felt sure, prove to be a great error in judgment.

On the conclusion of the discussion on Dr. Hayward's remarks on *Materia Medica*, the Congress proceeded to select the place and time of the next meeting. After some consideration of the relative advantages of several towns, it was resolved to meet at Birmingham.

The election of President then took place, when Dr. Dyce Brown was chosen by a large majority of the votes recorded by ballot.

Dr. DYCE BROWN, who had a most cordial reception, said: I feel extremely obliged to you for the honour you have done me. It was quite unexpected, but I can hardly see how I can retain the position of Secretary and also act as President. If you will allow me to resign that of Secretary I shall have very great pleasure in accepting the distinguished honour you have conferred upon me to-day. Holding the Secretary's office, I never supposed such a distinction as this likely, and therefore the honour is all the more gratifying. (Applause.)

On the motion of Dr. HUGHES, Dr. Hawkes, the Local Secretary, was appointed Honorary Secretary of the Congress during Dr. Dyce Brown's year of office as President.

Dr. Wynne Thomas, of Birmingham, on the proposition of Dr. POPE, was elected Vice-President, and Dr. Charles Huxley, Hon. Local Secretary of the Birmingham Congress, which it was decided to hold on the Thursday in the third week of September, 1888.

The PRESIDENT said: At the Norwich Congress Dr. Galley Blackley read a paper on *Doctors and Chemists*, rather with a view to obtaining the opinions of medical men, more especially upon the question whether or not the relations between them and chemists were entirely satisfactory. The question of dispensing by medical men was one of those entered upon. There was no time at the meeting at Norwich when the paper was read to allow of discussion, therefore the Pharmaceutical Association had been asked to send a deputation on the present occasion, but he believed they did not think that needful. Still they had present several homœopathic chemists, who were well able to speak on the subject before them. In any remarks that might be made he would suggest that they take principles, not individual grievances. All they had to do was to consider the principles of action which should regulate the relations between chemists and physicians.

Dr. DYCE BROWN explained what he had done in order to procure a deputation from the Pharmaceutical Association.

Mr. ISAAC THOMPSON said, on behalf of the Association, that it was not from any want of courtesy to the Congress that a

deputation had not appeared, but simply because there was no definite question at issue. It was thought that such a discussion as that contemplated was better in the hands of individual members than of a deputation. He was glad to see several there that day.

Dr. GALLEY BLACKLEY said he had not had very many suggestions from chemists since the paper appeared. He had only had three in all. Two of them were merely laudatory; the other, which was more critical and more extended, was written by Mr. Isaac Thompson. He would ask him to read that letter, because it expressed his views and the views he thought of the Pharmaceutic Association. He might say that it was a question which did not concern the Association or the chemists alone, it concerned medical men just as much. Dr. Blackley then referred to the main features of his paper.

Dr. MOORE (Liverpool) said: I am of opinion that our indebtedness to homœopathic druggists ought not to be forgotten. They often kept large supplies of medicine seldom required in everyday practice for our occasional need. In all chronic cases of disease I think we ought to write prescriptions for our patients to be dispensed by the druggists. In our consultations at home the same rule should be followed, and if the ability to pay for medicine is doubtful in any given case a private mark will ensure a reduction in price, as I have always found our chemists most reasonable and accommodating in this matter. As to outdoor private practice, I hold it to be a necessity in the treatment of acute cases of disease to carry one or two cases of medicine (I carry two, one of tinctures and one of pilules), and to administer at once the medicine suggested by the totality of the symptoms and history of the case. The great advantage of this practice is felt by the patients, especially by such as reside at a long distance from any homœopathic chemist. The bounden duty of homœopathic practitioners in supporting the homœopathic chemists is very manifest if we consider how heavily they are handicapped by the sale of our medicines at grocery and general stores, as well as by allopathic druggists in the same town.

Dr. NIELD (Tunbridge Wells) said: As physicians, their first feeling should be for their patients, what was best for them. It did seem to him that for the sake of their patients it was better, in all cases that were not very acute, that they should write a prescription. It was impossible for them, as medical men, to unite with their profession that also of pharmacists. They could not do it. Apart from the question of time, it was impossible for them to keep in stock the variety of medicines and the various dilutions it was desirable from time to time to employ.

Mr. ISAAC THOMPSON (Liverpool) said that the letter to which Dr. Blackley had referred was as follows :—

“ Liverpool, September 3rd, 1885.

“ My dear Sir,—From the *Review*, I notice that you intend reading a paper, entitled *Doctors and Chemists*, at the forthcoming Congress. Curiously enough, I was about to write a paper for the Homœopathic Pharmaceutic Association, with almost the same title, and possibly on somewhat the same lines. But, meantime, instead of doing so, I will trouble you with a few lines, which you can either tear up or make any use of.

“ I have long been convinced that notwithstanding all outside opposition, homœopathy suffers more from want of union and integrity amongst its adherents than from any other cause. This want of integrity chiefly manifests itself in the impure medicines supplied as homœopathic throughout the country, and it is my belief that year by year the proportion of worthless or improperly prepared drugs and attenuations largely increases. What is the cause of this? I believe it is primarily and mainly due to a want of union between doctors and chemists. For I have often noticed, and see exemplified every day, that in those towns where there is a harmonious working between doctor and chemist, there homœopathy flourishes in a legitimate manner; but when there is not that harmony, there homœopathy stagnates or languishes and impurity creeps in. Probably, examples illustrating this will occur to you without their being pointed out.

“ The skill of the physician is dependent upon the integrity of the chemist, and the integrity of the chemist depends for its maintenance upon the support of the physician. Homœopathy still requires to be openly kept alive before the public, and none can do this so well as the conscientious, *bonâ fide* homœopathic chemist. In addition to its drugs he will disseminate its literature and promulgate its teachings as laid down by its physicians. Homœopathy will never flourish as it should in a town where there is a physician only and no chemist, any more than it will where the reverse conditions obtain. Nor will it flourish, though both be there, unless they are able to work harmoniously together, each occupying his proper sphere. But if both be there, and they are in accord, there, depend upon it, homœopathy will flourish.

“ I could instance you several towns where there are both doctor and chemist, but where the chemist has been compelled to take down his sign, ‘homœopathic,’ and try to eke out an existence by serving both systems; and this because the physician dispenses his own medicines and never writes prescriptions. If the unfortunate chemist should ever send a

patient to the doctor, he never returns, so that the chemist is driven to prescribing himself whenever he can, and homoeopathy is one of the losers thereby.

"I feel the more strongly on this subject as we, happily, in Liverpool, know something of that union I speak of, so can speak without prejudice. It seems to me that the old simile applies in this case, 'We are all members of one body'—the body homoeopathy—but all members have not the same office, and one cannot say to the other 'We have no need of you.'

"The physician, I believe, benefits both himself and his patient by writing prescriptions; and the chemist likewise benefits himself and the public if he abstain altogether from prescribing, and faithfully dispense prescriptions.

"It is simply impossible for any medical man to prepare or keep all medicines in all dilutions. I know a few practitioners do confine themselves within very narrow limits in the selection of remedies, but those who cover a wide range of their *Materia Medica* do not want any restriction in the selection of a remedy, but require to send their prescriptions where they can be properly dispensed.

"If at your Congress the members will seriously consider whether they are not some of them responsible for a loss to homoeopathy or to its onward progress, and possibly even for a loss to themselves and their patients, too, through the absence of harmonious working with the chemist in their locality, I believe that much gain to homoeopathy will be the result.

"Believe me, dear Sir,

"Yours very truly,

"Isaac C. Thompson.

"To Dr. Galley Blackley,

"London."

Mr. THOMPSON said he had but little to add to the views expressed in this letter. The matter of cost had been alluded to in the case of patients who were unable to pay much for medicine in addition to the fee of the doctor; but he was sure that chemists generally would gladly fall in with the excellent plan adopted now by many practitioners of putting a private mark on a prescription, the price of which must be reduced.

Dr. NANKIVELL (Bournemouth) said that for several years after he settled at Bournemouth there had been no homoeopathic chemist, and he had felt the burden of dispensing to be a heavy one. He was quite sure that it would be a great convenience to all were they to write prescriptions, and he thought that the question of charges would be found susceptible of arrangement when there was a good understanding between the physician and the chemist.

Mr. CLIFTON (Ipswich) considered that one strong reason why physicians withheld their prescriptions from the chemists was that there was a want of confidence in the preparations which were supplied. (Hear, hear).

Dr. WOLSTON (Edinburgh) thought if there were no counter under the prescribing there would be no prescribing under the counter (Laughter); that was to say, if the doctor adhered to his business, the prescription of drugs, and did not dispense, the chemist would content himself with dispensing drugs and not prescribing. (Applause). He knew that a great deal of chemist-prescribing was going on, and he did not think it was right. It very often created a little irritation between the doctor and the chemist which otherwise would not exist.

Mr. E. THOMAS, of Chester, said: As a homœopathic chemist since 1850 he felt grateful to the Congress Committee for giving the doctors and the chemists an opportunity of exchanging views on the question of prescribing and dispensing, and at once he would say that he did not consider the filling of 2 drachm phials of pilules, &c., as coming under either term. The homœopathic dispensing chemist was expected to be both conscientious and skilled. Many of them had what might be termed large "plants," costing much money, and they naturally expected the doctors to encourage them by sending prescriptions to be made up. For some years past, especially since the publication of *Hale's New Remedies* and similar works, it had become a necessity for the chemist to keep some hundreds of medicines, and to keep a very large proportion of these up to the 80th attenuation and even higher. The *outlay* and the *care* required were considerable, and it was only to be expected that the doctors would appreciate the attempt to provide all available medicines for their requirements. Then there was the fact that the satisfactory administering of drugs by the medical man was often impracticable, because in most cases his supply of remedies was very limited. Patients, too, would often measure the doctor's skill by the way he administered the medicines, and thought that they, too, could cure by a few pilules or a few drops of tincture mixed in a tumbler. As to the question of cost to the patient—the chemist is always willing to *charge low*, or to *give* when the patient is needy; and by previously arranged marks the practitioner can always advise the chemist as to charge. He was sure that a better understanding on this subject would prove better for doctor, dispenser and the patient also. He would just close by saying that the late Dr. Norton, of Chester, concluded a series of popular lectures on medicine thus: "Whatever you do, don't look for a *cheap* doctor." He would con-

clude by saying, Gentlemen, don't be looking for *cheap* chemists.

Dr. BLACKLEY (Manchester): With most of the observations contained in my son's paper I can cordially agree, and also with the opinions of subsequent speakers; but there is one point that I think has not had as much stress laid upon it as it might have had with advantage. If medical men themselves would, in all cases where it is practicable, set the example by giving prescriptions where they can legitimately do so, and thus avoid the appearance of trenching upon what is strictly the business of the chemist, I think it would have the effect of causing the chemist to keep more strictly to his own proper department. Of course, there are places where it is not possible for a medical man to avoid dispensing his own medicines, and there are also cases where the circumstances of the patient will not allow them to pay for advice and for medicine; but in large towns, where there are numerous chemists, I think more might be done in the direction I have indicated. A well-trained and conscientious chemist is a boon to the physician and not less so to the patient, and is a labourer that is worthy of his hire, and the more we can as physicians make it worth his while to be painstaking and exact, the more likely will he be to keep strictly to his own department and to do his work well.

Dr. POPE (Tunbridge Wells) said that in his paper, Dr. Blackley had advocated the establishment of a school of homœopathic pharmacy. He did not see the need of this, for if a man had served an apprenticeship to a reliable homœopathic chemist, he will have been trained in as good a school as he could go to; while a druggist, who wished to add a knowledge of homœopathic pharmacy to such as he already had, could best obtain it by acting as an assistant to an established chemist for a year or two. One suggestion of Dr. Blackley's he heartily approved of, and would be very glad to see carried out—he referred to the proposal to have a central institute, where preparations purchased at random could be examined and tested. (Applause.) Examinations of this kind which had been made by Dr. Sherman, of Milwaukee, had shown the necessity for some public institution of the kind. With regard to the question of dispensing, he felt that he could speak freely, for he never dispensed, neither did he carry a pocket case, except at night or on a country journey. Where people have sufficient intelligence to know that a medical man can spend his time much more to their advantage in study than in dispensing, and where a thoroughly well-educated and trustworthy homœopathic chemist resides, dispensing on the part



of a physician was quite unnecessary. Happily, in Tunbridge Wells, both these conditions were present. The homœopathic chemist there was a person of considerable local importance, being not only a Commissioner on the Local Board of the town but the Chairman of the Board of Guardians of the Union. Still he (Dr. Pope) could easily understand that in a town where the people had always been accustomed to obtain both advice and medicine from their doctor, and pay him a fee which they presumed covered both, there would be great difficulty in persuading them to pay for advice and medicine separately. There was immense competition in their overstocked profession, for he believed it to be a fact that in some parts of London medical men were visiting and providing medicine at the rate of eighteenpence or two shillings a visit, and driving a carriage and pair at the same time. How it was done he could not imagine, but he believed that it was. The public, it must be remembered, would go to the cheapest market in this as in all else, and they estimated this quality of the market by the length of the bill. Even, however, in such places, where the fees are sufficient to enable a medical man to live, and where a good homœopathic chemist resides, it would be a good plan for the doctor to employ the chemist to dispense his medicines, sending him prescriptions not to be returned to the patient, but to be dispensed and charged to the doctor. In this way the doctor would save the expense and trouble of an assistant, and would have time to study, while the chemist, though his charges to the doctor would necessarily be lower than those he would be justified in making to a patient, would have the advantage of having attracted to his shop a number of customers who would deal with him in the thousand and one articles which a chemist now has to sell beyond those proper to his calling. This plan was quite common now in many places among general practitioners of the old school. Dr. Blackley had also suggested that hospital out-patients and those attending dispensaries should have prescriptions given to them to take to any chemist they chose. He (Dr. Pope) did not think that this plan would work well. Such patients do not come from a sufficiently intelligent or careful class of the community, and would be liable to take their prescriptions to an indifferent chemist. And further, hospitals and dispensaries should be responsible not only for procuring the best medical advice for the poor, but also the best drugs, and also for these being properly dispensed. Of course, where a good homœopathic chemist resided, he ought to have the advantage of supplying the dispensary. The conclusion he had come to was that where a reliable homœopathic chemist resided prescriptions ought to be written either on

the usual plan or on that he had suggested. All that was necessary was there should be mutual confidence and a thoroughly sound understanding between the doctor and the chemist as to the limits of the functions of each. This was the key to the solution of the difficulties that Dr. Blackley said he had heard of as to the relations of doctor and chemist.

As he had the pleasure of seeing several homœopathic chemists there that afternoon, Dr. POPE said he would like to take the opportunity of saying a few words on another subject affecting them. When he had happened to be from home, a stranger in a strange town, he had occasionally gone into the homœopathic chemist's shop and asked for the last number of the *Homœopathic Review*. "We don't keep it," was usually the reply. "Have you the *Homœopathic World*?" "No; we have no demand for it." "Any Pears' soap?" "Oh, yes, certainly. Sixpence a cake, or three for a shilling." And so on; anything you may happen to want except homœopathic periodical literature. And yet a homœopathic chemist's shop is the only one at which such literature is ever likely to be kept. As to there not being any demand for our journals, so long as these are kept out of sight by the very men who have most interest in making them known, there never will be any demand for them. He would urge all homœopathic chemists to have at least one copy of each of our journals always on view. It would, he was sure, be to their advantage to interest the public in the progress of homœopathy, and in understanding what homœopathy was, and there was no way in which they could do so more effectually than by promoting the sale of our periodicals. (Applause.)

Dr. HAYWARD, sen. (Liverpool), said that he was glad that Dr. Pope had drawn attention to the lack of interest chemists frequently showed in advancing the sale of their journals and literature. They ought, for their own information, to read the journals themselves to enable them to answer inquiries made by customers as to what was going on in homœopathy. In the early history of homœopathy things were very different. The chemists then did all in their power to make the public acquainted with its progress. He hoped that, as one result of this meeting, there would be a great improvement in this matter.

Mr. FOSTER (Scarborough) advised medical men to be careful in obtaining their supply of homœopathic medicines from a reliable source, and to urge the necessity of caution upon their patients, because it was within his knowledge that a great deal of what was called homœopathic medicine sold in this country was entirely spurious and unreliable.

Dr. MORR said there was one point that had not been noted,

to which he should like to call attention, "The family medicine chest," which was introduced with homœopathy. There was no doubt some people had been induced to try our system by having some medicine administered to them by a friend with good effect. One of the principal chemists in Manchester informed him that they themselves were a good deal to blame for these cases, as at one time they had pushed the sale of them. In the discussion which took place at Norwich on Dr. J. G. Blackley's paper, Dr. HAYWARD remarked that Messrs. Thompson & Capper had opened a pharmacy in a large town, but they had received very little support from the medical men. In Manchester they had as many homœopathic chemists as medical men.

After a few remarks from Dr. GALLEY BLACKLEY in reply,

The PRESIDENT said he hoped, and indeed felt sure, that the discussion which had taken place would produce a healthier feeling between chemists and physicians and the public. (Applause.)

The Congress then adjourned.

#### THE DINNER.

In the evening the members of Congress, together with a number of guests, dined at the Adelphi Hotel.

The chair was occupied by the President, Dr. CLIFTON, and the vice-chair by Dr. DYCE BROWN, the President-elect. After dinner several toasts were proposed.

The PRESIDENT: At the earlier part of this day we had the "feast of reason" in the several papers which some of the gentlemen here read on matters bearing on the science and art of medicine; that is sustenance which will not do for the body, and therefore we have come here for a feast of another order, and in the natural course of things the "flow of soul" now comes to the front, and I am sure there will be no lack of it. On every festive occasion wherever Britons meet together, whether in this country or abroad, the first toast we all delight to honour is that of "Victoria, Queen of Great Britain and Ireland, and Empress of India" (Applause), of whom we may say in this the fiftieth year of her reign, that in the long line of kings and queens before her she has kept unsullied the fair fame which sheds a halo of glory around her throne. I ask you to drink with all enthusiasm "Health, long life, and happiness to Queen Victoria."

The toast was heartily received.

The PRESIDENT: The next toast on my list is that of "Their Royal Highnesses the Prince and Princess of Wales." His Royal Highness the Prince of Wales, as you full well know, has ever been ready to give his services for the promotion and

benefit of everything connected with science and art as well as for anything that would conduce to the welfare of the people generally. (Applause.) Her Royal Highness the Princess of Wales has ably assisted the Prince in everything he has undertaken. (Applause.)

The toast was loyally received.

Dr. JAGIELSKI (London) proposed the toast of the "Navy, Army, and Auxiliary Forces," when he alluded to the new British ship, "The Trafalgar," to the courage of the British soldier—a courage inspired by his sense of duty. He coupled with the toast the name of Major Vaughan Morgan, "a splendid defender of our homœopathic hospitals."

Major VAUGHAN MORGAN was glad that the navy had been put first in this toast, as the navy was our first line of defence. This branch of the service was now fit to go anywhere and do anything. The army and auxiliary forces never were in a more efficient state than they were to-day. The army had the disadvantage over the navy of promotion in it going by seniority rather than by merit. The militia was not, he thought, so well-known or so appreciated as it deserved to be. It was the original armed force of the country, and everyone was liable to be enlisted in it under a law which he thought a very good one. (Laughter.) During the Crimean War, the militia garrisoned the country and sent some thousands of men to the Crimea, while at Waterloo they constituted one-fifth of Wellington's army. He believed that each branch of the service was thoroughly efficient, and if called upon, every man would do his duty. (Applause.)

The PRESIDENT: The next toast on my list is "The memory of Hahnemann." Samuel Hahnemann we all know to have been an eminent scientist and philosopher, a great scholar and a wise physician; and although like some of the physicians of the present day a sceptic in therapeutics, he was so only *pro tempore*. His heart was hot within him—like a living coal his heart was. He therefore could not rest in scepticism, but set himself to investigate the secrets of nature. By such means he—as De Quincy would say—"awakened into illuminated consciousness ancient lineaments of truth long slumbering in the mind." But he was not content with that; he developed and formulated those same "lineaments," brought them more fully out, and set them before the world in so complete a manner that they can never be effaced. He was a most industrious, a thoroughly earnest, and yet patient worker, and everything he did he did most thoroughly. Into all his work he burnt in his mark—Samuel Hahnemann. In his teaching he was much of an iconoclast, yet he laboured after a con-

structive metamorphosis fully as much as he did one that was destructive. The work he did in the science and art of medicine has begotten him a wreath that will never fade. But great as was the man, and great as was his work, neither the one nor the other was perfect; yet there are some, a very few of our number, who would fain pin us down to all he said and taught, and allow us to go no further; and who insist upon it that, because we have widened out in thought and knowledge, have investigated the developments of physiology, hygiene and pathology and other sciences, that we are no longer homœopaths. I contend, however, that although homœopathic practice has undergone change within the last fifty years, it has been of the nature of an evolution—a change indeed, but mostly on the lines which Hahnemann laid down; and I further contend that the greatest homage we can render to his memory is not to follow in the precise track of his chariot wheels, but rather to imitate his indomitable courage, perseverance, and industry by proving all things, and holding on to that which is true. Before asking you to drink to the memory of Hahnemann, I would, moreover, call to your remembrance the heavy roll of his departed followers. Out of the twenty-six practitioners of homœopathy who met at the first Congress held in this country thirty-seven years ago at Cheltenham, only six remain alive; and we have lost fifteen out of those who met in this city ten years ago. Men, for the most part, who to know was to esteem and love; men of high intellectual culture and scientific attainments; men who, with brave hearts and strong hands, held aloft the banner which it is our privilege to-day still to carry; and, in the words of Hawthorne, I would say, “Let not our mention of them be as a mere breath of nature—a raindrop of pathos and tenderness.” From their empty places they call upon us all to rise above the old measure of our faith and to quit ourselves like men. Gentlemen, I ask you to drink in solemn silence to the memory of Samuel Hahnemann and the many of his disciples and our comrades who have fallen in the fight.

Dr. HUGHES: Ladies and gentlemen: It is my pleasing duty to ask you to drink “Prosperity to the Hospitals and Dispensaries of Homœopathy throughout the Country.” These institutions are first of all the chief means whereby we can bring to the benefit of the poor and needy in time of suffering the beneficent system of treatment of which we are the trustees, the depositories, the humble instruments. They are then the best field we have for the preparation of our younger men for taking up the work which we have hitherto been carrying on to the best of our ability. And they are, thirdly,

the best opportunities we have of displaying to our brethren of our profession, and the public at large, the reality and truth of the method committed to us. For all these reasons we must have closely at heart the prosperity of our hospitals and dispensaries, and we shall wish them not only to have more power in themselves but to go on increasing in number. Therefore it is that we come to Liverpool at this time with special gladness in our hearts, because through the munificence of a noble citizen of this place, whose name is in all our minds at this time, a new hospital is added to the few which we possess in this country. (Applause.) London has long had the best hospital, and thanks to its officers, and thanks above all to its treasurer and the chairman of its committee, whom we have here to-night, it is in a most healthy and flourishing state and doing a most excellent work. (Applause). Birmingham has its hospital, excellently officered; and then there are the hospitals at Bath, Bournemouth, St. Leonards, all in good hands; and now last, but certainly not least, Liverpool has its hospital. I am sure all of us who have met within its walls to-day have been delighted at what we have seen, and look forward with the brightest and happiest anticipations to the future. (Applause.) I am convinced that Liverpool, out of its excellent staff of homœopathic practitioners, will furnish surgeons and physicians who will do justice to our method, and do good to the patients who will flock to the Institution. Therefore I ask you to drink prosperity to the Homœopathic Hospitals and Dispensaries, and especially to the new Liverpool Hahnemann Hospital, and couple with this toast the names of Dr. Galley Blackley and Dr. Hayward.

The toast was enthusiastically drunk, and in response

Dr. GALLEY BLACKLEY said: Mr. President, ladies and gentlemen: It is with the very greatest pleasure that I rise to respond to the toast of our hospitals and dispensaries in conjunction with my friend Dr. Hayward. Dr. Hughes has said all that is necessary upon the importance of hospitals and dispensaries towards the cause of homœopathy. I quite agree with him in thinking that they are of the very first importance, and we have heard from one of the essayists to-day, Dr. John Davey Hayward, how important, in his special branch, hospitals are towards keeping homœopathy well before the profession and in high estimation with the public. In the case of the institution with which I am particularly connected I am glad to say that since I first knew it, 20 years ago nearly, it has steadily improved. When I went there first we had the old style of Mrs. Gamp nurses. (Laughter). At present we have a staff of highly trained nurses, not only for the hospital



itself, but we have over 80 who go out over the length and breadth of Europe doing private nursing and spreading a knowledge of homœopathy when so doing. We have what we had not in the earlier days besides the physicians pure and simple, and surgeons pure and simple, a number of highly educated and thoroughly competent men, who devote themselves to specialities, such as the treatment of the eye; of the skin; of the ear; of the diseases of women; and so on. This I am quite sure is thoroughly in accordance with what was suggested by one of the speakers this morning, that these specialities were of very great importance towards the future progress of homœopathy. We ought not to be obliged to send our cases to specialists of the old school. (Applause.) We should be able to find amongst ourselves men whom we could thoroughly trust, and men just as competent to take charge of such cases as if we sent them to the very first men of the old school. (Applause.) Since I first knew the hospital I am glad to say that its material welfare has prospered in a degree that is certainly remarkable, and, I think I may safely add, that very largely—in fact, almost entirely—the present position of the hospital financially, is owing to the wonderful skill of our present treasurer, Major William Vaughan Morgan. (Applause.) Before sitting down, I may say I cannot allow my friend, Dr. Hayward, to have the honour of responding entirely for the Liverpool Homœopathic Hospital, for about 20 years ago I was house-surgeon to the Liverpool Homœopathic Dispensary, in Hardman Street, and you can, therefore, very well imagine that it was with feelings of the most friendly kind and with the greatest pride that I looked at the Hahnemann Hospital, in Hope Street. To-day I look back and think what a great deal I owe to the Homœopathic Dispensary, to what I saw of the outdoor work and visiting the patients at their own homes. I also remember a number of empty rooms, which were said to be wards going to be filled with patients at some future time. They did not strike me then as being singularly well adapted for that purpose, and I am only delighted that they have not been called into requisition, but that in their place you have the palatial building through which we have wandered to-day. I thank you, gentlemen, for the very hearty way in which you have proposed “Prosperity to the Homœopathic Hospitals and Dispensaries of this Country.” (Applause.)

Dr. HAYWARD: Mr. President, ladies and gentlemen: My thanks are due to Dr. Hughes for having coupled my name with this toast. I happen to have been one of the first to whom Mr. Tate communicated his wish to present Liverpool with an hospital. Years ago it was Mr. Tate's wish to present



Liverpool with an hospital for the homœopathic treatment of disease, but I then fell in with Dr. Drysdale's view that we ought not to have a hospital for homœopathic treatment in Liverpool, but that we ought to occupy positions in the existing hospitals; that we had a right to be on the staff of such hospitals; that about one-third of the support of all the hospitals in this city came from the homœopathic body, and yet not a patient could be sent into any of them to be treated homœopathically. Therefore I felt that we ought not to be pushing to get an hospital for ourselves, but rather to get our claim upon the hospitals then in operation recognised. We made an offer to the General Infirmary and to the Children's Hospital, which would have avoided the need of a special institution, but it was rejected by the medical staff joining together in opposition. This drew our attention to Mr. Tate's kind offer, and he has now provided for us an hospital which I hope will take a position in this country, I won't say second to none, because I suppose we must really consider ourselves second to London. (Voices: No.) Though I myself consider that, in proportion to the number of the inhabitants, we have more homœopathic doctors in Liverpool than there are in London, and that therefore Liverpool stands at the head of the country in that respect. Now we have an hospital that we intend to make the glory of the homœopathic body and of homœopathy in this country. (Applause.) You have had an opportunity of seeing that it has been erected under what we consider to be the last voice of science as to sanitary arrangements and provisions for the non-spreading of disease and for recovery under the homœopathic treatment. We believe also that we have the prospect of a staff of which we need not be ashamed, and of which the homœopathic body need not be ashamed. (Applause.) Having all these provisions for success, we hope we shall be able to show success. We are much obliged to Dr. Hughes for wishing us success, and we intend, if it is possible, to deserve it. (Applause.)

Dr. HERBERT NANKIVELL expressed the pleasure he felt in looking back to the time, now 28 years ago, when he was house surgeon at the Dispensary in Hardman Street, and his gratification at again seeing the friends he had made while there, and after referring to the hospital he said: But my duty this evening is to propose the toast of "Our Periodical and other Literature." Our Congresses enable us to hear and read papers, and are places where we can come together, not only for that purpose, but for the discussion of the important subjects brought before us. We are also enabled to compare our experiences, to speak together of our work, to renew our old associations, and that is extremely valuable to us, because

we are an extremely scattered body. I look upon these Congress days as red letter days. We have, in addition, a bond of union, which is continually going on amongst us and continually strengthening and keeping up the ties between us, in our periodical and other literature. (Applause). There was a time when our literature was chiefly polemic, when its special mission was to vindicate our position. We had at one time, so to speak, to fight for our very lives and existences. That has passed away. (Applause). We had at another time to vindicate the position of the principle of homœopathy, *similia similibus curantur*. That also to a great degree has passed away. But we have an important work still before us—the work that has occupied a great deal of our attention to-day—the laying broad and deep the foundations of our Materia Medica, by every means in our power to facilitate the study and elucidation of that vast subject, and so render the material which we have now ready to our hands available in our practice as homœopathists. (Applause). In this great work we are immensely indebted, not only to gentlemen like Dr. Hughes, who devote so large a portion of their time to this special work, but we are also indebted to men like Dr. Pope, Dr. Dyce Brown, and Dr. Clarke, the editors of our periodical journals. No one can tell but those gentlemen how very important that work is, how necessary it is to keep up a thoroughly high tone in those journals, to make them magazines, of which we have no reason to be ashamed, and which we may with credit lay on the side-tables of our friends of the old school. (Applause). These magazines are also most useful in binding together our lay friends, who have so often and so continually shown such a deep interest in the progress of the science and practice of homœopathy. I am sure you will agree with me when I say we are extremely indebted to these men. Their work is gratuitous; it is done for the love of the work; and I am quite sure that they are actuated by the most unselfish motives in the editorial work which falls upon them. Therefore it is right that we should honour them, and I have great pleasure in proposing to you this evening this special toast: “Our Periodical and Special Literature.” I couple with it the name of Dr. Clarke.

The toast was heartily drunk, and in reply

Dr. CLARKE, after alluding to the illustration Dr. Pope had given during the afternoon meeting of the lack of interest shown by homœopathic chemists in our periodical literature, said: I think that our journals might often exert a more important influence for the furtherance of homœopathy than they do. In order to make a periodical a success there are two or three things requisite. Of course there are editors

wanted; in the next place there are readers needed; and thirdly, there is a very important body required, viz., the contributors. I think now that medical men do not appreciate as they ought to do the value of a journal as a means of making their knowledge known. (Applause.) Therefore I beg to suggest that our medical supporters should also be contributors to a greater extent than they are. (Applause.) There is a great deal of ignorance as to what homœopathy is among the lay public, and it is highly necessary that the real features of homœopathy should be presented to them, because it was by this means that the public were put into a position to meet the sophistries of their own doctors. The doctors would pooh-pooh homœopathy if they could, but if they get hold of an intelligent layman who knows what homœopathy is, the layman could very soon put in a corner the allopathic doctor who does not know what homœopathy is. (Laughter and applause.) Therefore, it is very necessary that we should have literature that is available for the public, and such literature, I am happy to say, has been forthcoming. (Applause.) Then again there is the coming generation of medical students. There is a large field there to work upon, because the medical students now-a-days were a little more independent minded than they used to be a dozen years ago; they are not so much afraid of their professors as they were then, and are more open to influence if it were brought to bear upon them. I think literature, as adapted for them, would have a very great effect. I am much obliged to you, gentlemen, for the kind way in which you have received this toast, and I sincerely hope you will all take an interest in periodical and other literature. (Applause.)

Dr. WILLIAMS: Mr. President, ladies and gentlemen: I am happy to say I shall not detain you by making any remarks on the toast which I have to propose, namely "The Clergy and Ministers of all Denominations," because I am sure you will all give that a most hearty response.

The toast was warmly received.

The Rev. H. S. MAYE, in responding for the Clergy, referred to the very considerable changes that had taken place during the past 50 years, and alluded, amongst others, to the progress of homœopathy and the change of tone in which it was spoken about by its opponents. He then said that he was fully assured that it was the desire of every gentleman in that room to follow out the great idea of being a curer of bodies, as I trust in my poor humble way I desire to be a curer of souls. (Applause.) I do firmly believe that every clergyman is as anxious to do his duty as any of Her Majesty's Officers of either the army, navy or auxiliary forces.

(Applause.) I do not think I shall be far out when I say that the clergy and the medical profession face death much more frequently, and possibly in much more horrible forms, than those men whom we so justly regard as the protectors of our beloved country. I believe clergymen and doctors know more of the wretchedness and misery, and absolute utter destruction of everything like beauty in this life amongst the miserable poor than any other class of men throughout the length and breadth of the land. And when I see the infidelity, and the misery, and the wretchedness, and the utter godlessness of thousands upon thousands of our populations in these large towns, I say "Would to God that all rivalry between persons who hold different opinions upon religion could be merged into the one rivalry of doing their utmost to bring souls to God, and to raise humanity above the low level with which it is regarded." (Applause.) I thank you from the depth of my heart for wishing prosperity to our work. (Applause.)

The Rev. R. S. HOLMES, in acknowledging the toast on behalf of the Nonconformist bodies, dwelt on the intimate connection between the mind and the body, showing how frequently ill-health was at the bottom of mental distress.

Dr. MOORE proposed "Health, welfare and prosperity to the readers of the papers at the Congress, Dr. John D. Hayward and Dr. Proctor," gentlemen who had come forward with excellent papers and to whom they were deeply indebted. They were also deeply indebted to the editors of their Journals for the very hard and unselfish work they did.

Dr. J. D. HAYWARD replied on behalf of himself and Dr. Proctor, and said, personally, he considered it a great honour to have been selected to read a paper at that Congress.

The PRESIDENT: I will now call upon another veteran, who was at the Cheltenham meeting, Dr. Drysdale, to propose the next toast.

Dr. DRYSDALE, on rising, was received with cheers, which were prolonged for some moments. He said: I am very grateful, indeed, for your kind reception. The toast which has been entrusted to me will be received with the greatest gladness and cordiality, it is "The Health of our President, Dr. Clifton." The best way in which I can introduce the subject is to narrate an anecdote he told us himself at Clifton. Some years ago, at the American Centennial celebrations, four gentlemen went from Britain to represent us, and when they landed in America they were, of course, seized upon by the indefatigable interviewer, who first came to Dr. Hughes, then to Dr. Skinner, to learn whom they represented, and the last of the four he turned to was Dr. Clifton, who, in reply to the question as to whose representative he was, said, "I am

the *vox populi*." (Laughter.) Since first I knew Dr. Clifton, at Manchester, I have frequently had to come into contact with him, and what has struck me has been his untiring enthusiasm for the cause which we all have at heart. (Applause.) He is constantly endeavouring to bring the great principles of homœopathy to the forefront, and in doing so never thinks of himself, but is solely actuated by the desire to advance the best interests of the profession to which he belongs. (Applause.)

Dr. CLIFTON, in responding to the toast, which was most cordially received, said: Gentlemen: I thank you very deeply for the way in which you have drunk my health, and for the remarks Dr. Drysdale has made with regard to myself. A man must be insensible, indeed, not to feel them. Some of our friends have gone back 20 years in their experience, I personally, can go back 42 years. I think it is 42 years ago, one snowy February night, the snow was two or three inches on the ground, and I, as the assistant to a surgeon apothecary in Northamptonshire, was sent forth to see a man who was about a mile off, and who was suffering from pleurisy. What did I do? Why I bled him and blistered him. (Laughter.) At ten o'clock I got back home and was called away to another village, where I found a lady in much the same condition, and the same treatment was adopted there. (Laughter.) On getting home at eleven o'clock, there was another messenger waiting and who said, "Come as fast as you can to Naseby and see Jack Miller, he has had a fit." It was a dreadfully cold night. I rode there, and, when I arrived, I found Jack Miller sitting up beside a huge wood fire. He had had a "boozing" fit. (Laughter.) What more natural than that I should take out the lancet again, and instead of taking out ten ounces of blood, as in the previous case, I took fifteen or sixteen ounces—(laughter)—I put a blister on the back of his neck—(laughter)—and told him to come over the next morning for some physic. (Laughter.) And yet the man who did those things was inspired with a faith in what he was doing as strong as is his present faith in homœopathy. (Applause.) I thought I was doing right. The man who has a definite policy and carries it out, is in my opinion better than a man who has a shilly-shally policy, and does not know what to do. (Applause.) Dr. Clifton described how he became acquainted with Dr. Epps, and alluded to the commencement and progress of homœopathy in Northampton. Continuing his remarks, the President said: We must ever bear in mind that we are not only homœopaths; we are physicians. (Applause.) I have had to stand alone in Northampton for twenty years. The others would not come near me, and I had to lose

patients in consequence ; but now, I am happy to say, I am receiving more courteous treatment. There are men who now, when cases of difficulty occur, will give me their assistance in the diagnosis of a case. It is very well to say we should not send cases to surgeons who do not think as we do in medicine, and I grant it that in a city like Liverpool, where there are so many of our own practitioners, it is unnecessary to do so ; but even if I cultivated surgery, I should not have one operation in six or twelve months, and therefore I could not do it half as well as the surgeons at the hospital, who are doing that sort of thing daily. Therefore to have a surgeon in consultation with me is a great help in a case of difficulty. (Applause). I again thank you for the very cordial way in which you have received the toast of my health.

Dr. POPE, in proposing "The Health of the Guests," said they had hoped that they would have had the pleasure of welcoming there that evening Mr. Henry Tate, who had done so much good for that city, and who had been the means of conferring so great a benefit on homœopathy in building and furnishing the hospital, which they had had so much pleasure in meeting in that day. But Mr. Tate withdrew altogether rather than expose himself to the flattering remarks which they necessarily would have felt such a relief to their feelings in making respecting him. (Hear, hear.) Therefore they had not the pleasure of seeing him, at the same time they had others there whom they were very glad to welcome. It was through the influence of the public rather than of the profession that homœopathy was going to prosper in the future. Homœopathy was for the advantage of the public entirely and exclusively. It was not for the advantage of the medical profession, inasmuch as the influence homœopathy brought to bear upon disease was to shorten and not increase it. Hence it was not to the material interests of medical men to practice homœopathy. He thought the public were immensely indebted to those who came forward and practised homœopathy openly and avowedly, and to the public at large they looked for help in extending a knowledge of their method. (Applause.)

Mr. HUGH FARRIE (formerly of the *Liverpool Daily Post*), whose name was coupled to the toast, returned thanks on behalf of the guests.

Shortly afterwards the proceedings terminated.

#### THE LIVERPOOL HAHNEMANN HOSPITAL.

THIS handsome building was publicly opened by the Mayor of Liverpool on the day following the Congress. The ceremony of declaring it open, the handing over by Mr. Tate of the trust deeds to the trustees, and the presentation to him of an



illuminated address were succeeded by a luncheon, presided over by Sir James Picton, when various interesting speeches were delivered. A concert took place in the evening and also on the next day. Our space, however, is too occupied to enable us to furnish a full report at present. We hope to do so next month.

## NOTABILIA.

### THE HAHNEMANN ORATION.

THE Annual oration in memory of Hahnemann was delivered at the London Homœopathic Hospital on Monday, the 3rd of October, by Dr. Dudgeon. The Board-room was crowded to excess with medical men, medical students, and others.

Want of room prevents us giving this month more than a brief summary of Dr. Dudgeon's address, which we hope to give complete in our next number. The speaker drew attention to the letters of Hahnemann to a patient between 1798 and 1805, which we published in our September and October numbers. He showed that these letters completely disproved the assertion that Hahnemann had promulgated his system complete and perfect as we at present know it, which he would have done had it been a system like others that preceded it, constructed by its author in his study. On the contrary, as these letters proved, that though his first experiment with *cinchona bark* was made in 1790, he continued to practise with material doses and with medicines purchased from the druggists' shops until 1799. After that he apparently commenced to give his own medicines, and in the last letters we find him giving doses so small that they had neither taste nor colour. The speaker showed by quotations from their writings that many of the principal opponents of homœopathy had no proper conception of the meaning of the formula, *similia similibus curentur*; and also that while they took our remedies wholesale and without acknowledgment they still continued to treat us as though we were unworthy of association with themselves, and refused to admit us into their societies and to allow us to defend our doctrines in their periodicals. They even expelled us from hospital appointments. He referred to the victory obtained by the partisans of liberty of opinion at the Margaret Street Infirmary for Consumption as a solitary instance in which their opponents had failed to oust the partisans of homœopathy from a public appointment. The old school were continually lamenting the backward state of their therapeutics, and prophesying its great advance in the near future, but though they had been doing this for many years no real advance had been effected except where they took their remedies from the homœopathic school. He con-



trasted their bigoted opposition to homœopathy with their excessive credulity as to new theories and new remedial means. They lately hailed with delight the germ theory of disease, with its microbes and germicides, but that had recently been denounced as a fatal error by Professor Semmola at the International Medical Congress at Washington. He criticised severely the modern fashion of the indiscriminate use of narcotics, which had given rise to new and serious diseases. He concluded by alleging that homœopathy was triumphing in all civilised countries, and mentioned as an instance of its progress in this country the recent opening of Mr. Tate's Hahnemann Hospital in Liverpool.

The oration was listened to by a numerous and appreciative audience. A vote of thanks to Dr. Dudgeon was proposed by Dr. J. G. Blackley, seconded by Dr. Dyce Brown, and warmly applauded.

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SIR DYCE DUCKWORTH, M.D., ON HOMŒOPATHIC  
PHARMACY.

IN his introductory address, at the commencement of the session of the School of Pharmacy, Sir Dyce Duckworth, after deploring the decay of polypharmacy and condemning certain modern pharmaceutical preparations, which he admits he knows and intends to know nothing about, notwithstanding that he finds testimony from members of his own profession to the effect that they are likely to fulfil or have actually fulfilled the demands they were designed to meet, proceeds to remark: "In respect of some of the business practices which I notice are carried on by pharmacists, especially in suburban and country towns, I may refer to the sale of homœopathic remedies. I consider this very improper and misleading to the public, and I always regard it as no better than the display of a flag of distress on the part of those who vend such rubbish. No educated pharmacist can lend himself to the propagation of error and retain his self-respect.

"I am quite unaware that any solid contributions to the art of pharmacy have ever been made by homœopathic druggists, and I cannot believe that this Society approves of its members or associates vending their wares."

This bombastic denunciation, alike of homœopathic remedies and those who prescribe or supply them, is evidently based on the same ignorance as that admitted in respect of remedies approved by other members of Sir Dyce Duckworth's own school. He "neither knows nor intends to know" anything about the administration of homœopathic drugs, nor has he ever made himself acquainted with the pharmacy of the *British Homœopathic Pharmacopœia*, for had he done so he would have recognised many "solid contributions" which

pharmacists, better qualified to appreciate them, have justly admitted and valued.

Probably many of these have only served to promote the issue of the "extra and unauthorised pharmacopœias" which Sir Dyce Duckworth regrets that "we have on our tables." Nevertheless it is a fact that before the issue of the *British Homœopathic Pharmacopœia* it was impossible to find in any pharmaceutical work the extent to which a common drug like *phosphorus* was soluble in ether or alcohol at ordinary temperatures and pressures, and it is not many years since a leading firm of chemists supplied an ethereal solution of *phosphorus* professing to possess a strength of 1 in 20! The experiments made and published by homœopathic chemists, and since partly confirmed, proved that no stronger solution in ether than about 1 part in 200 was obtainable.

As "imitation is the sincerest flattery," it may be assumed that the elaborate and expensive course of experiments undertaken and carried out by Messrs. Dunstan & Short, with a view to ascertain the exact strength of spirit best adapted to the preparation of *tincture of nux vomica*, and which led to the adoption, in the new *British Pharmacopœia*, of a strength closely corresponding to that directed in the *Homœopathic Pharmacopœia* proved the *solidity* of this contribution to pharmacy, and when Dr. Dyce Duckworth has become acquainted with the existence of the latter publication, he may, unless, as indeed is but too probable, he considers his present state of ignorance a source of bliss, be tempted to examine many other like contributions and to admit their authority.

*The Chemist and Druggist* (October 15th) contains two spirited letters from homœopathic chemists on Sir Dyce Duckworth's reference to homœopathy. Both wish that his advice to abandon the sale of homœopathic medicine by the ordinary druggist might be taken. "For," writes one, "we know the public will have them, and then they will come direct to us for them." Mr. Jessop, of Oxford, says, "We want no better evidence of the shoe pinching than the wincing of Dr. Duckworth; the public demand for homœopathic medicines is so great, that in self-defence our opponents are obliged to stock them."

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## OBITUARY.

### DR. WILLIAM H. WHEELER.

WE very much regret being called upon to announce the death, at the early age of 84, after a brief illness, of Dr. Wheeler, of Reigate.

Dr. William H. Wheeler was a son of Mr. Wheeler, of

Clifton. He received his medical education at the Bristol Medical School and the Royal Infirmary of that city, became a member of the College of Surgeons in 1878, and a licentiate of the College of Physicians in 1880. After spending a year or two in assisting his uncle, Dr. Wheeler, of Clapton, he commenced practice at Richmond, Surrey, where he was succeeding in forming what promised to be a good connection, when, on Dr. Woodgates leaving Reigate for Exeter, he followed him in that town about three years ago. There he has worked with great diligence and success, and secured by doing so the confidence of a large and rapidly increasing *clientèle*. Not only was Dr. Wheeler a well-read and really accomplished practitioner, but he was a water-colour artist, whose works were becoming increasingly appreciated in the artistic world. For several years past the Dudley Gallery, the Royal Institute, in Piccadilly, and other galleries, have exhibited charming specimens of his work, and last year a picture of his was hung in the Royal Academy. To achieve success in two professions, each so engrossing and involving such a large amount both of intellectual and physical exertion, as do those of medicine and art, necessitates a strain both on mind and body which few men can endure. Dr. Wheeler unhappily was not one of these few. For some months past his health had been failing, his heart becoming feeble and his strength diminishing. He consequently left home for a holiday, and, in an evil hour, selected Falmouth for the place of his recreation. There he appears to have acquired the seeds of the typhoid fever, which manifested itself soon after his return home in a very malignant form. At the outset the symptoms were so formidable and his heart so weak that but little hope of his recovery was entertained. During the last day or two of his life there was complete suppression of urine with coma, and, after ten days' illness, death occurred on Sunday, the 2nd of October.

That in Dr. W. H. Wheeler the profession of medicine has lost one who gave promise of being a very useful practitioner, that the public have been deprived of a medical adviser more than ordinarily worthy of confidence, and that homoeopathy has to mourn a representative who, had his life been spared, would have done honour to those who openly avow their conviction of its truth, has been rendered very certain by the keen regret with which his loss is felt in and around Reigate; the numerous letters which have been addressed to his bereaved relatives showing how much he was esteemed by the troops of friends he had made during his brief residence in that neighbourhood, and by the kindly expressed regard for him of not a few of his professional brethren practising

around him. During his illness he was visited frequently by Dr. Wheeler, of Clapton, and watched over with the most unremitting care and attention by Dr. Stone, of Reigate.

Dr. Wheeler leaves a widow to whom we offer our sincerest sympathy.

He is succeeded in practice at Reigate by Dr. GILBERT, of Liverpool.

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## NOTICES TO CORRESPONDENTS.

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\*.\* *We cannot undertake to return rejected manuscripts.*

We acknowledge with thanks a copy of Mr. TATE'S reply to the address presented to him at the opening of the Hahnemann Hospital, Liverpool, by the Committee of the institution he has founded. We propose to publish it along with our report of the opening ceremonies. Papers by Dr. COOPER, Mr. T. H. BLAKE, Dr. CASH REED, &c., shall appear as early as possible.

Communications, &c., have been received from Dr. DUDGEON, Dr. HARPER, Mr. SHAW, Dr. CLARKE, Dr. MOIR, Dr. J. G. BLACKLEY, Major VAUGHAN MORGAN, Mr. CROSS (London); Dr. NEATBY (Hampstead); Dr. CLIFTON (Northampton); Dr. CASH REED (Plymouth); Dr. DRYSDALE, Dr. MOORE, Dr. HAYWARD, Dr. J. D. HAYWARD, Mr. THOMPSON, Mr. CAPPER, Mr. STITT, Mr. SCRYMGEOUR (Liverpool); Dr. DOUGLAS MOIR, Dr. BLACKLEY (Manchester); Dr. HUGHES (Brighton); Dr. NANKIVELL (Bournemouth); Dr. WOLSTON (Edinburgh); Mr. THOMAS (Chester); Dr. W. T. HELMUTH (New York); Dr. KENT (St. Louis); Dr. SHERMAN (Milwaukee); Dr. FRANKLIN (New York); Mr. H. HUSSON (London).

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## BOOKS RECEIVED.

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*Winter Climates.* By Dr. A. Drysdale. London: Bailliere, Tindal & Cox. 1887.—*Annual Report of the Melbourne Homœopathic Hospital.*—*Homœopathic World.* October. London.—*The Students' Journal and Hospital Gazette.* London. October.—*The Chemist and Druggist.* London. October.—*Burgoyne's Monthly Journal of Pharmacy.* London. October.—*The North American Journal of Homœopathy.* New York.—*The American Homœopathist.* New York.—*The New York Medical Times.*—*The New England Medical Gazette.*—*The Clinique.* Chicago.—*The Medical Era.* Chicago. September and October.—*The Medical Advance.* Ann Arbor. October.—*The Minnesota Medical Monthly.* St. Paul.—*Allgemeine Hom. Zeitung.* Leipsic.—*Revue Hom. Belge.* Brussels.—*Rivista Omiopatica.* Rome.—*El Criterio Médico.* Madrid.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON HEADACHE AND OTHER NEUROSES IN  
THEIR RELATION TO ERRORS OF REFRACTION.\*

BY C. KNOX SHAW, ESQ.

Ophthalmic Surgeon to the London Homœopathic Hospital, and the  
Buchanan Cottage Hospital, St. Leonards.

It has been for some time recognised by those who are more especially connected with ophthalmic work that errors of refraction are frequently accompanied by an obstinate form of headache, and that this distressing symptom is quite relieved when glasses are prescribed to remedy the optical defect. For some years too, I have been deeply impressed with the frequency with which certain forms of chronic headache and other definite neurotic symptoms are associated with deficiencies of the refractive system. Though several writers have already done much to spread a more intimate knowledge of the subject, I am confident that there is not yet among the general body of the medical profession a sufficiently keen appreciation of the intimate relationship that exists between certain forms of chronic headache and errors of refraction. The importance of the subject is great, and I venture to assert that a ready recognition of the fact

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\* Read before the British Homœopathic Society, November 3rd, 1887.

that headaches may have an ophthalmic origin will bring happy relief to many an unfortunate sufferer. Information upon this point, in general medical literature, is extraordinarily limited. In the standard works of such authors as Ziemssen, Quain, Arndt, Bristowe and Niemeyer no mention is made of refractive errors being a cause of headache; nor can I find any allusion to the matter in question in a work by Dr. Day devoted entirely to the subject of headaches. Special articles have appeared at intervals written by Messrs. Hewetson,<sup>(1)</sup> Higgens,<sup>(2)</sup> Bickerton<sup>(3)</sup> and Dr. Brailey;<sup>(4)</sup> and references are made to it by Drs. Hilton Fagge,<sup>(5)</sup> Lauder Brunton<sup>(6)</sup> and Laudolt.<sup>(7)</sup>

Until those who work in general medicine fully understand this question and are able to point out to their patients the meaning of their symptoms and the method of cure, many patients must go unrelieved. Ophthalmic surgeons cannot do much in this direction, for, as I shall hope to show later on, many of these patients complain of no eye symptoms whatever, and it is by the ophthalmoscope alone that the physician must diagnose the cause of their suffering. The deductions upon which this paper is based are taken from the careful observation of more than sixty cases which have been under my care during the past nine years. These cases have been selected out of hundreds of cases of errors of refraction of various kinds, because the headache was the primary cause of complaint, the eye symptoms being generally of secondary or minor importance. In many of them the patient's sturdy denial that their eyes were the cause of their trouble, and their honest scepticism as to the usefulness of the advice offered, showed what little importance they attached to the few eye symptoms questioning

<sup>(1)</sup> The Relationship between Sick Headaches and Defective Sight chiefly resulting from Astigmatism: Their Pathology and Treatment by Glasses.—*Medical Times and Gazette*, 1885.

General Neuroses having an Ophthalmic Origin.—*Lancet*, 1886.

<sup>(2)</sup> A Form of Muscular Asthenopia.—*Guy's Hospital Reports*. Vol. xx.

<sup>(3)</sup> On Headache due to Errors of the Refractive Media of the Eye.—*Lancet*, 1887.

<sup>(4)</sup> Astigmatism Considered in its relation to Headache and to Certain Morbid Conditions of the Eye.—*Guy's Hospital Reports*. Vol. xxiii.

<sup>(5)</sup> Paroxysmal Neuroses.—*Guy's Hospital Reports*. Vol. xxi.

<sup>(6)</sup> Pathology and Treatment of Headache.—*St. Bartholomew's Hospital Reports*. Vol. xix.

<sup>(7)</sup> Refraction and Accommodation of the Eye.

sometimes showed to exist. I would, therefore, fully endorse the remark of Mr. Hewetson\* when he says:—“No obstinate form of headache should ever be treated medicinally without ascertaining the refraction.” And also that of Mr. Bickerton†:—“Look to the eye to explain headaches whose cause is obscure.”

It is really not difficult to understand why an eye, struggling to overcome its optical defect, should produce pain or uneasiness in the head. Let us think for a moment what is taking place within say a hyperopic eye during the effort requisite to read the page of a book at the distance of about eighteen inches. The refracting power of this eye is so low that divergent rays, such as would be coming from the book, are unable to be focussed upon the retina. The necessary rendering of these rays convergent is only to be accomplished by a vigorous accommodative effort furnished by the ciliary muscle. The constant effort required to sustain this muscular contraction soon ends in irritability of the muscle and the excitation of its nerve fibres—an irritability subsequently transmitted to the brain.

Dr. Hilton Fagge, in an article on “Paroxysmal Neuroses,” thus aptly describes this condition: “Defective structure of the eye produces spasm of the ciliary muscle, and with this an irritation of the nerve filaments, which diffuses itself over a wide area within the distribution of the fifth nerve.” By the free communication existing between the ganglia of the sensory division of the fifth nerve and those of the tenth or pneumogastric in the grey matter of the medulla, the area of irritation may easily be further traced to the spine, cardiac, and gastric regions.

Hyperopia is not the only defect that will excite this irritability; myopia and astigmatism (simple, compound, or mixed) play an equally important part in its production. Uncorrected myopia will also indirectly produce headache, without the intervention of the ciliary muscle, by the congestion both of the head and eyes, caused by the stooping over work so frequently indulged in by myopes. It is not necessary that the error should be excessive; it is remarkable how slight an error in a

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\* *Medical Times and Gazette*, March 21st, 1885.

† *Lancet*, August 13th, 1887.



marked neurotic subject will produce apparently the gravest symptoms.

It is undoubtedly true that those whose nervous systems are in a highly sensitive state—those who would be classed under the head neurotic—are most prone to the development of symptoms from any error of refraction, and that the more intensely neurotic the patient, the more aggravated the symptoms, and the wider the area influenced.

The symptoms are chiefly confined to the head, hence headache occupies the prominent place in this paper. The forehead is the principle part affected—frontal headache—the pain being described as dull, heavy, and drawing. Sometimes it is diffused and ill-defined, the patient complaining of a general headache, but without being able to distinctly localise it.

Those whose position in life renders it necessary for them to use their eyes closely in their business will complain of a distracting headache following a day's hard work, which in some instances compels them to cease from their labours. Generally a night's rest finds the pain gone in the morning, but sometimes sleep has not sufficiently restored the fatigued nerves, and the patient awakes unrefreshed and with the headache.

These patients, too, will sometimes say that the severity of their headaches causes their eyesight to become misty and obscured, but that closing the eyes for a few minutes or shading them with the hand will cause this symptom to disappear. Children come home from school weary, listless, and tired, and instead of being ready to enter with animation into their evening preparation, will complain of headache and want to go to bed.

CASE 1.—Miss R., æt. 20, consulted me in June, 1879, for severe and long continued frontal headache, accompanied by pain in the eyes, for which she had been under treatment without benefit, and which was said to be neuralgic. The headache was always worse after working and reading, and lately she had given up painting, of which she was very fond, because of the intense pain it caused her. She was hyperopic and was ordered +1.25D for all near work. Six months later she reports that she has not had a headache nor pain in the eyes since using the glasses; and a year later she was able to give an equally satisfactory report.

**CASE 2.**—Master C. H. L., æt. 12, is an industrious studious lad, who has suffered very much for some time from severe frontal headache, relieved by sleep and rest. His headache is increased by work at his lessons, and when very severe is accompanied by vomiting. He is the subject of hyperopic astigmatism, for which he was ordered March 2nd, 1887: R.E. sph. + 0.25D=cyl. + 0.75D; L.E. cyl. + 1D axes 90°, the error thus being comparatively slight.

His father reports September 19th: "Marked improvement in C's. health since he has used the spectacles. He has had headache to our knowledge twice, but not so severe as formerly and unattended with sickness."

With the headache there are often well marked asthenopic symptoms.

**CASE 8.**—Miss W. S., æt. 11, suffers from frequent frontal headaches, which have been becoming more severe lately, especially after her lessons. She complains when reading of the letters running together, and of her eyes aching. She had a simple hyperopia of 1.25 dioptries, for which glasses were prescribed December 30, 1886. A note from her mother, September 20, 1887, states that "W. S. has derived great benefit from her spectacles. She now rarely complains of headaches, and, as you said she would, much prefers to use her spectacles than not."

**CASE 4.**—Miss D., æt. 35, consulted me July 18th, 1882; she has suffered much for many years from frontal headache with burning heat in the eyes. Prolonged visual exertion causes an aching pain and irritating pricking sensation in the eyes, followed by increase of headache. She has worn glasses for some years chosen by herself with only partial relief. This was accounted for when it was discovered that she had simple hyperopia in the left eye and hyperopic astigmatism in the right. The use of sph. + 1.75 D for the L.E. and cyl. + 1.75 D axis 120° to the R.E. was followed by marked relief of all the symptoms, and the patient reported in October, 1887, that she still wore her spectacles constantly and had scarcely suffered from headache since she had used them.

Temporal headache seems to occur next in frequency to frontal, the pain being situated sometimes in both temples, sometimes in one only.

**CASE 5.**—Miss L. H., æt 16, suffers from almost constant headache at the top of the head, but principally confined to both temples. It is always increased after work at school. For this she was prescribed, in April, 1884, + 1.25 D for reading. In November, 1885, eighteen months afterwards, the good effect of the glasses upon the headache is reported to be continued.

Occipital headaches are not infrequently complained of, but generally in connection with pain in the head elsewhere.

CASE 6.—Miss M. J., æt 49, came under observation in December, 1886, complaining of severe frontal and occipital headache, accompanied by a pain through the bridge of the nose, from which she had suffered for years. Reading and working caused the eyes to become painful and irritable. In addition to her presbyopia, she was found to be the subject of hyperopic astigmatism in the right eye and mixed astigmatism in the left, for which she was ordered R.E. sph. + 1.75 D = cyl. + 1 D ; L.E. sph. + .75 D = cyl. + 1.5 D axes 90°. After a month she reported that since wearing the glasses the pain had almost ceased, both in the forehead and back of the head, and she is conscious that it is the glasses that have afforded the relief.

There is a curious sensation which I have noticed, and which has been observed by others, viz., pain and tenderness of the scalp generally on the top of the head, and occasionally limited to one particular spot.

CASE 7.—Miss A. B., æt 14, has nearly always suffered from headache. She cannot study because it is followed by such a severe headache that she is obliged to desist. The pain is situated over the forehead and on the top of the head, the scalp in the latter region being very sore and tender to the touch. There were no asthenopic symptoms whatever, and nothing to connect the symptoms with the eyes, but a slight pain around the orbital region. The hyperopia was, however, 2.5 D, for which glasses were prescribed September 6th, 1883. The patient's mother reported, after seven weeks' use, that her daughter's headaches were very much better indeed, and that they have only occurred occasionally.

It has been for some time recognised that that severe and sometimes alarming form of periodic headache, accompanied with vertigo, nausea and bilious vomiting, known as megrim, is frequently associated with refractive error, astigmatism being, perhaps, the most constant defect.

Dr. Hilton Fagge\* described "exhaustion of the visual apparatus" as one of the causes of megrim.

Mr. Hewetson† goes so far as to think that astigmatism will be found to exist in most cases of this disorder. When the megrim depends upon any ametropic condition

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\* Op. cit.*Medical Times and Gazette.*

the symptoms will modify and probably cease upon the patient arriving at the presbyopic period when the action of accommodation is lessened or almost annulled.

The following case is instructive because, though strongly convinced of the importance of the subject of this paper, I was at first quite of opinion that so severe a train of symptoms could not be ascribed to the slight error of refraction I found existing.

CASE 8.—Mr. G. H., æt. 37, was sent to me September 24th, 1886, with a request that I would examine his eyes to ascertain whether their condition would account for the symptoms of which he was complaining. He then gave the following history. Since childhood he has been subject to attacks very similar to those for which he now seeks relief. Lately they have been more severe, and for the last few months they have recurred every day. He has had much medical advice but without relief. Whilst at business or out walking his sight will suddenly seem to fail him and objects around him become misty; he then becomes giddy, and experiences a sensation of numbness on one side or the other, and his hand and arm would feel heavy; occasionally he would find a difficulty in speaking, his words being indistinct. These symptoms generally lasted half-an-hour and were followed by a most intense headache, nearly always over the left brow, and sometimes accompanied with nausea, which quite incapacitated him from doing anything. He generally recovered after a good rest. The attack often came on without any apparent cause, but reading or book-keeping for long would probably induce one. He was found to have a very slight hyperopic astigmatism, so slight that I suggested a further trial of remedies. He was sent back to me again after six months with the report that all drugs had proved useless, and with the request that I would correct whatever error he might have. He was ordered, March 30th, 1887, B.E., sph. + 1 D = cyl. + .5 D axes 90°.

On September 26th, 1887, Mr. G. H. reported that at first he did not wear his glasses constantly, but finding relief from them he very soon did, so that in five weeks his symptoms began to abate and he now scarcely ever has a headache. In the last few months he certainly has had no severe headache. He can now do all kinds of work, including book-keeping, comfortably.

The next two cases show the severe symptoms that can be produced by uncorrected errors of refraction, and the state of physical ineptitude to which patients may be reduced. A most striking feature of both these cases

was the condition of extreme physical and moral prostration to which they had come, accompanied by alarm as to the future condition of their brain and a hopelessness as to their ever being able to work again.

CASE 9.—The Rev. J. D., æt. 42, consulted me January 10th, 1882, owing to his complete incapacity to carry on his ministerial labours for the past two years, and his inability to get any relief from his sufferings. He was desirous of obtaining a certificate to place him upon some superannuation fund connected with his church. He stated that he had never enjoyed very good health, and for many years had suffered from severe pain across the top of his head, with “pressure on the brain,” the pain extending down the back of the head and into the throat. He complained too very much of what he called “severe brain-ache.” With all this there was a state of intense irritability. The irritability was such that trifles were sources of much annoyance, and he could not at times bear his children to come into his room. His head was always most painful after a full day’s work of reading and speaking, and was sometimes worse than others, until at last he could not endure to be present in any meeting even as a listener. For more than two years he had been unable to read without much pain, and lately had been quite unable to prepare his sermons. His condition was pitiable in the extreme. I found him the subject of mixed astigmatism, and assured him, though he hesitated to believe it, that spectacles would relieve him of all his symptoms. He was ordered in February, 1882, B.E. sph.—2D=cyl.+4.5D. He wrote, April 11th: “The glasses are indeed all you predicted, and I even now begin to feel them part of myself. I can read without pain even for two hours.” Again, May 23rd: “I find them a necessity, and cannot do without them. I have not had the brain-ache once since. I can read for three hours without any brain-ache whatever.” Within three months he returned to active ministerial duties. I learn in October, 1887, that he is still energetically at work, and to my enquiry as to his old symptoms, he replies: “Thank God, from all these I am delivered.”

CASE 10.—Miss P., æt. 22, a governess, was first seen January, 1882. In the last three or four years she has suffered from constant headaches, increasing in severity the last two months. She experiences severe pain at the top of the head and across the forehead, the pain extending to the back of the head and down the spine. Any application to her work causes such intense pain that she has been obliged to give up her teaching. She is of a decidedly neurotic temperament, and after prolonged medical treatment looks upon her

case as hopeless, and is drifting into a state of chronic invalidism. The ophthalmoscope showed the refraction to be hyperopic, but as there was marked spasm of the ciliary muscle, producing an apparent myopia, a prolonged course of the instillation of *atropine* had to be used. Under this her vision improved from  $\frac{6}{24}$  to  $\frac{8}{8}$ , and she was finally ordered to wear constantly +2D. A year later, after having resumed her teaching, she reports herself as able to work all day long; having no headache, being in very good health, but still wearing her glasses.

Sometimes symptoms are produced so closely analogous to those of a veritable organic cerebral lesion that an error of diagnosis may be unwittingly committed. Mr. Brudenell Carter, in his book, *Eyesight: Good and Bad*, refers to a remarkable illustration of this published by him, which at the time forcibly drew attention to this important subject. It should never be forgotten that brain ache—brain fag—that condition of extreme weariness which entirely prevents continued study, and renders the sufferer unfit to compete with his fellows in school, college, or business life, may be due to errors of refraction. This condition is of course most frequently observed during the educational period. It is frequently the cause of headache in children, and induces insomnia and the screaming and starting during a restless night often complained of in childhood. Commonly we meet with cases where children's headaches, coming on after a day's work at school, and aggravated by an attempt at evening lessons, are followed by a night of unrefreshing sleep. The mother states that her child talks and screams in his sleep, and seems to be going over his day's lessons. These symptoms are generally ascribed to an "irritable brain," and the child's studies being omitted, he for a time recovers, only to relapse into the same condition when lessons are resumed. If, as is so frequently the case, these children are hyperopic or astigmatic, the use of correcting lenses at their lessons will remove all their symptoms. I have been surprised to find how readily children discover that the spectacles relieve them, and I have now no hesitation in assuring the parents that they will have no difficulty in getting their children to wear them.

CASE 11.—Master C. S. was first seen April 18th, 1888. He was, when an infant, a strong and healthy child, well-

grown and active. He had a remarkable memory and was clever; at four years of age he read fairly and became extremely fond of reading, and also drew and wrote a good deal. Soon after he was five he became subject to attacks of headache and feverishness; he could bear neither light nor noise; could not raise his head even for food, and was highly feverish. Sometimes he was very sick and always very weary. The attack would last two or three days, and then left him pale and weak and thin. These attacks were at first thought to be caused by the sun, but they were afterwards found to be much the same all the year round. He then lost his sleep. Going to bed before eight, he would lie awake till eleven or later, and by no means could sleep be induced. He would often wake again at five or before six. He lost all colour and grew very thin. Nothing was ever noticed to be defective in his sight, as he read and wrote so well; in fact, his mother, thinking his brain affected, kept him from lessons, but let him amuse himself by drawing, cutting out paper patterns, and threading beads. He would, however, take his nurse's spectacles (she was an elderly woman) and say he liked them, but it was only thought to be a joke. The ophthalmoscope showed him to be hyperopic, but the hyperopia was entirely latent. After the use of *atropine*, he was ordered  $+1.25D$ . "After six weeks he began to sleep better, and soon slept like any healthy child." He improved in many ways, but never became very robust. Two years later he became again very anæmic, when his head symptoms returned, but he was getting strong again when he fell a victim to a severe attack of diphtheria.

CASE 12.—Master G., æt 7, was first seen November 17th, 1883, suffering much from pain across the forehead and over the top of his head, made worse by his lessons. He is very restless at night, screaming out in his sleep, and often complains of headache in the morning on waking. His refraction was hyperopic, and he was ultimately ordered  $+1.5D$ . After a fortnight's use he experienced relief, and at the end of a month his headaches had almost left him. On September 20th, 1887, his mother writes: "After use of spectacles, his headaches nearly left him, and when he lost his spectacles a year after while at school, and tried to do without their help, his headaches returned, and now that he is using them again he seldom suffers from his headaches."

Mr. Higgins\* describes a condition of muscular asthenopia which produces pain in the head, very severe

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\* Op. cit.



in the brow, with drawing pinching pain on attempting to read, and sometimes accompanied by giddiness.

What is generally known as academy headache—the pain produced by “doing” the picture galleries—is often caused by astigmatism, which in some cases may be very slight indeed. I have known it to be produced by a simple myopic astigmatism of less than one diopetre. Vertigo, and in its train palpitation, gastric disturbance, and other neurotic symptoms, may be due to astigmatism. Vomiting, too, sometimes accompanies the headache.

CASE 13.—Miss B., æt 28, consulted me, March 30th, 1885, for the following condition. She is highly neurotic, and has nearly always suffered from constant headache over the forehead and eyes. She complains very much of vertigo at all times, but especially upon entering a room. She suffers from nausea, with a feeling of fulness and weight at the pit of the stomach, frequent backache, and a feeling of irritation in the spine, sometimes high up and at other times lower down. She cannot read or play the piano for long. All near work causes a headache, and a feeling of pressure on the top of the head, which is temporarily relieved by pressing the back of the head against a chair. There was in both eyes mixed astigmatism, for which the patient was ordered R.E. sph.+2D=cyl.—4D; L.E. sph.+2D=cyl.—3.5D axes 15°, which she was to wear constantly. She was able in a short time to note considerable improvement in all her symptoms, and after two years' use of the spectacles she reported: “The headache and giddiness are much better, the digestion wonderfully improved, and the backache better, but am not equal to much exertion.”

In order to accurately correct the refractive error, it is frequently necessary to use an *atropine* solution, and it is a significant fact that when the ciliary muscle and accommodation are paralysed by its use, the headache is often entirely lost. This is doubtless because the irritated muscle is placed by the action of the *atropine* in a state of physiological rest, a condition subsequently continued by the influence of the correcting lens.

The prescribed glasses having relieved the tension of the ciliary muscle, the patient, experiencing freedom from his old symptoms, is apt to omit the use of them, with the result that in the course of a short time the headaches return, and the use of the glasses has to be resumed. In ordering glasses for hyperopic patients in whom the action of the ciliary muscle is especially vigorous, it is sometimes impossible to neutralise all the known defect at

once. They have been so long accustomed to exercise their power of accommodation unnaturally that, notwithstanding that the correcting lens renders its continuation unnecessary, they persevere in their old habit. In such cases it is better to order spectacles which allow the use of a certain amount of this extra accommodative effort. The full correction can be made later on, the time and necessity for this being indicated by a slight return of the old symptoms.

No comment has been made in this paper upon the ocular symptoms attributable to errors of refraction as they would come more immediately under the eye of the ophthalmic surgeon; but its object has been primarily, to draw attention to the important frequency with which persistent headache and other neuroses are due to errors of refraction; and, secondly, to urge the use by the physician of the ophthalmoscope in the cases of headache for which he is called upon to prescribe. Should this paper be the means of arousing interest in this subject, and of adding one ray of light to the unravelling of the cause and applying the remedy in obscure and intractable cases, it will have obtained an ample reward.

#### DISCUSSION.

DYCE BROWN said he invariably used the ophthalmoscope in cases of headache, and found it of the greatest use in diagnosis and treatment. He regretted that Mr. Knox Shaw had not mentioned the ophthalmoscopic appearances in his cases. He had found *santonin* 1x and 2x, one or two grains once or twice a day, of great use in headaches connected with eye symptoms. He mentioned the case of a child in whom the headache came on without obvious cause in the middle of the night, the pain being so severe that she cried out, ultimately vomiting. There was marked congestion of the retina, with some spinal symptoms. Under *bell.*, *sulph.*, and *gels.* the headaches entirely ceased.

CLIFTON, of Northampton, said he had been deeply interested in the paper. He wished Mr. Shaw had given a few indications whereby those who have not had much ophthalmic practice could discover the cases that are due to eye symptoms. At the same time, Dr. Clifton was not quite satisfied that drugs could not remedy both the eye affection and the headaches.

NEATBY had recently made it a practice to examine all cases of headache, especially in children, with the ophthalmoscope.

moscope. One indication is the coming on of the headache when the eyes first come into use in close work, as on the first going to school of children. Some came on later, as at twenty. He noticed that astigmatism was a more frequent cause than other errors. Often there was failure of general health before this came on, and this confirmed Dr. Clifton's suggestion of the value of medicines. Another indication was the fact of the attack being constant when due to eye defects. But this was not always the case. One case, in which there was feverish attack, was cured by suitable lenses. A simple guide was to be found in retinoscopy—the movement of the shadow in one way or another showed errors of refraction of some kind. A simple mirror was sufficient for this.

Dr. JAGIELSKI recollected an anæmic lady of sixty among his patients, who was hypermetropic in one and presbyopic in the other eye. To correct this condition she wore glasses. She suffered from giddiness, headache with vomiting. He advised putting the glasses aside for a time, and gave strengthening treatment and *belladonna* (which was indicated by the symptoms), and the use of the electric Faradaic baths. In two months she got well, but the focus had so altered that glasses of a weaker power had to be substituted. These gave comfort without any trouble.

Dr. EDWARD BLAKE was himself a sufferer from headaches and astigmatism, which was now undergoing correction. Every year he was more fond of high dilutions and single remedies, and his speciality did not spoil his homœopathy. He supposed that all of us had relieved eye symptoms by mistake. He thought that the presence of errors of refraction led to organic changes in the eye was a fact to which we were not sufficiently alive.

Dr. CLARKE said it was possible for medicine to relieve both eye symptoms and headache. Mr. Shaw had mentioned a case in which the instillation of *atropine* had done so. It might have been by relaxing ciliary tension; but also it might have been by the specific action of the drug. Dr. Blake had said we sometimes cured eye symptoms by accident. He (Dr. Clarke) had done this recently, in a case in which *baptisia*, given for gastric symptoms, had cured inability to do fine work at night.

Dr. ROTH asked Mr. Shaw (1) which are the various errors of refraction causing headaches? (2) Are the headaches of various forms? (3) Does a certain error of refraction cause a definite form of headache?

Dr. DUDGEON said, while agreeing with Mr. Shaw that headaches were often caused by uncorrected errors of refraction, he knew that affections of the head would cause tempo-

rary errors of refraction. This was often observed in children at school. When the headache was cured the sight improved. Myopia, unless corrected by glasses, was a frequent cause of headache, especially in school children. He would like to direct the attention of members to a little book by M. Sarcey, a translation of which had been published by the Society for the Prevention of Blindness, entitled *Mind Your Eyes!* in which excellent advice was given for the use of spectacles in myopia, which when excessive was dangerous, as being a frequent cause of detachment of the retina and other calamities.

Dr. HUGHES thought the paper specially valuable in helping us to carry out the principle *tolle causam*. It was mainly in young persons that this could be done with advantage. A young man of nineteen, strong and athletic, had been complaining a short time of occipital and frontal pain. This proved to be due to a tooth, as far as the occipital pain was concerned. The frontal pain was due to errors of refraction. Dr. Hughes sympathised with those who advocated the use of remedies, and he regretted that Mr. Shaw had not used *physostigma* to relieve ciliary tension instead of *atropine*. He called attention to *epiphegus* and *onosmodium* in headaches such as those of errors of refraction. In the case of an old gentleman who needed glasses but refused to use them, *epiphegus* gave great relief. With *onosmodium* (like *epiphegus* a Virginian plant), recommended in the headache of asthenopia, he had no personal experience.

Dr. EDWARD BLAKE said that *epiphegus* 1x and *gelsem.* were the only medicines that had given his (possibly astigmatic) headaches relief.

Mr. KNOX SHAW (in reply) said he had endeavoured to make his paper as practical as possible, as he wished to interest non-specialists. The discovery of an error of refraction was not difficult, and the ophthalmoscope was the simplest method. The test by spectacles was not so certain, and especially so when the error was "latent." *Atropine* developed this. Retinoscopy and the examination by the direct method required a plain or slightly concave mirror. With a lamp behind the patient a light is reflected from the mirror into the pupil. If the observer sees the disc or a bloodvessel, some error of refraction exists. If the vessel moves with you as you move, the refraction is hyperopic; if in an opposite direction, myopic. Still standing in front of the patient with the pupillary area well illuminated, the mirror is rotated from side to side, a shadow is observed to come out from behind the pupil. If this shadow moves in the same direction as the mirror, the refraction is myopic; if in an opposite direction, hyperopic. By the behaviour of this shadow when lenses are placed before the eye of the

patient the amount of error may be estimated. This is called retinoscopy, and is a very safe way in estimating the errors in children—their pupil should be dilated. He expected the absence of the use of drugs to be mentioned; he used them less than formerly. He had found *ruta*, *gelsemium*, *belladonna* and *actea* of service should the headache remain, but he did not use drugs unless the pain persisted. In spasm of the ciliary muscle he had used *physostigma*, but *atropine* instillation was much more rapid and sure in its action. In myopia, with increased action of the ciliary muscle, he prescribed *physostigma*. He could not see how drugs could avail where the error was due to faulty construction of the eye, but they might be used when it lay in perverted action of the ciliary muscle. The onset of headache after a certain period was readily explained; the ciliary muscle being over exerted, responded to the stimulus, until after a time it could act no longer, and the symptoms came on when it gave way. When once the ciliary muscle lost its tone from over action it seldom recovers, and glasses must be used. Errors of refraction do lead to disease of the eye; in myopia, choroidal atrophy and detached retina frequently occur; glaucoma occurs most frequently in hyperopic eyes. In answer to Dr. Roth, he said he was unable to trace any certain form of headache to any particular form of error. He had frequently used *santonin*, especially when there was congestion of the discs.

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### THE HAHNEMANN ORATION.\*

By R. E. DUDGEON, M.D.

A SERIES of letters from Hahnemann to a patient, ranging from 1793 to 1805, has lately been disinterred from some secret hold of the patient, a respectable tailor of Gotha, who died in 1851, at the advanced age of 92, which would lead us to surmise that his life was not shortened to any considerable degree by the ministrations pre- and post-homœopathic of his illustrious physician.

These letters, which have appeared in the *Monthly Homœopathic Review*, extend over a most interesting period of Hahnemann's career. They first show him residing in Gotha, where, being on terms of intimacy with the editor of a quasi-scientific popular periodical, he

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\* Delivered at the opening of the London Homœopathic Medical School, 3rd October, 1887.

communicated to the editor his views on the treatment of insanity by non-restraint and kindness, which was in consequence warmly advocated by the editor in his paper.

This proposed plan of treating insane patients without the strait-waistcoats, chains, blows and tortures to which these unfortunate beings were subjected in every existing asylum, excited the scorn and contempt of all the clique of alienists, or mad-doctors; but it recommended itself to the judgment of Madame Klockenbring, the wife of the Hanoverian Chancellor, whose reason had been unsettled by a lampoon from the pen of the celebrated *litterateur* and play-writer Kotzebue, who himself fell a victim to the political fury of the student Sand.

Klockenbring, who had been treated by the most renowned alienists of Germany in the barbarous manner then prevalent, had gone from bad to worse, and his devoted wife, being struck by the novel plan she read of in the aforesaid periodical, opened communications with the editor, who referred her to Hahnemann as the author of the new treatment. Hahnemann at once offered to undertake the treatment of her husband; but as he had no locality suitable for the reception of such patients, the Duke of Saxe-Coburg-Gotha, who seems to have taken a warm interest in Hahnemann, and to have been favourably impressed with the humane and rational character of his views, gave up to him a wing of his Georgenthal castle, in the Thuringian forest, which was fitted up for the reception of the distinguished patient. After a treatment extending from June, 1792, to March, 1793, that is nine months, Klockenbring returned to Hanover perfectly cured of his insanity. Hahnemann had not yet begun his therapeutic reform, and was only known to the profession as the author of orthodox works on medicine and chemistry, so that there was no prejudice against him as an innovator in therapeutic matters, and therefore it might be supposed that this cure, which created a great sensation throughout Germany, would have led to the acceptance or dispassionate consideration of his views on the treatment of insanity. But those who think so are little aware of the conservative spirit of the medical faculty. The traditional cruel treatment went on in the asylums as before. The alienist clique denied, of course, that the cure was owing to the system pursued, which was opposed to that advocated by all the

best authorities. Hahnemann was duly abused for opposing his insignificance as a comparatively unknown and obscure practitioner to the effulgent authority of the great alienists of past and present times, who had laid it down as an incontrovertible maxim that fetters, scourges, strait-waistcoats, and general bullying and cruelty were the only correct methods of treating the insane. He was accused of charging an exorbitant fee for his services, viz., 1,000 thalers, equal to £150. Such a fee would, of course, have been considered as very moderate had it been demanded by one of the leading alienists for a nine months' treatment, even had the patient been uncured, rendered more insane, or done to death; but that it should be claimed by a man who had no reputation as an alienist, and probably few patients of any description, was shocking to all medical gignanity, as it threatened to destroy the prestige of the illustrious incapables who had hitherto, unquestioned, laid down the law on the subject of insanity and its treatment.

Calumny and detraction effectually prevented any further trial of Hahnemann's bold and original method of treating the insane. No more insane patients came to Hahnemann, and so he was forced to give up his extemporised asylum, and to seek some other sphere for the exercise of his medical talents. It was not until many years had elapsed that the rational method of treating the insane, practically proved to be the true method by Hahnemann in 1793, was generally adopted in Germany. On my first visit to Vienna in 1841, the cruel treatment of insanity was still prevalent, and insane patients were still received into the Eisenthurm, a dismal dungeon, as will be remembered by those who pursued their medical studies in the Kaiserstadt at that period. Pinel, in France, and Conolly, in England, enjoy the reputation of being the introducers of the non-restraint system into their respective countries; but to Hahnemann undoubtedly belongs the honour of having been the first to propose it and successfully carry it out in practice, though his name is never mentioned by any of the historians of this great reform. *Sic vos non vobis!*

It is very commonly supposed, or at least stated, by his ill-informed detractors, that Hahnemann, from his one experiment with *bark* in 1790, invented the whole system of medicine which goes by the name of homœo-



pathy. Even Hahnemann's latest critic, Dr. Lauder Brunton, alleges that his *bark* experiment is "the foundation-stone of his doctrine of homœopathy," and he cites a passage from the Presidential Address of Dr. Nankivell in proof of this preposterous statement. Of course this passage from Dr. Nankivell's address proves nothing of the kind—indeed, it alleges just the contrary. Dr. Nankivell says what we all know to be true, viz., that the result of Hahnemann's experiment with *cinchona bark* was what led him to investigate the effects of other drugs upon the human organism, in order to see if in them also the same, or some other relation between their effects on the healthy and the symptoms of the diseases they cured, could be discovered. It was not until after six years of patient investigation, observation, and research in the writings of medical authors of the past and of his own time that he cautiously and modestly expressed his opinion in an essay published in a medical periodical, that in many instances medicines caused effects on the healthy similar to those of diseases they were known to cure, and he stated his belief that many chronic diseases might be cured by giving medicines whose positive effects on the healthy corresponded with the symptoms of these diseases.

So far was Hahnemann from having invented his system of treatment all at once, that, as we learn from these old letters, he treated his patients with very material doses of medicine, prescribed in the usual manner from the druggist's shop up to 1799. His practice differed from that ordinarily pursued in that he usually gave but one medicine at a time, though he ordered several different medicines to be taken on the same day.

In 1805 Hahnemann published in Latin his *Fragmenta de viribus medicamentorum positivis*, containing the knowledge of the positive effects of some drugs on the healthy human organism he had acquired by his own experiments and from the observations of others; and accordingly, we find in the last letter of the series written in that year unmistakable evidence that he then had adopted the plan of giving his single medicines in doses much smaller than those in general use, that he dispensed his own medicines—which the licensed apothecaries could not be trusted to prepare; and we know from other sources that he was then often guided by the similarity of their

positive effects, which he had laboriously collected, to the symptoms of the disease he was treating. But it is also evident that, as we might expect from the imperfect records of the *Fragmenta*, he had not yet acquired the precision in prescribing which he only got many years later when his *Materia Medica* had become, by the aid of a zealous band of disciples, much more complete. For in this letter we find him sending several different medicines, numbered 1, 2, and 3, and directing if No. 1 failed, No. 2 was to be tried, and if still no effect was produced, the patient was to take No. 3.

These letters show how slowly and cautiously he proceeded, and how gradually his system was built up and perfected. They afford a complete refutation of the often repeated allegation that homœopathy is a system which Hahnemann thought out in his study and sprung at once on the profession and the world such as we now know it. Had it been a mere medical theory, such as all the systems hitherto promulgated, it would certainly like them have been introduced fully equipped and complete in all its parts. But it is no medical theory, it is what Hahnemann described it in the title of his great essay, the precursor of the *Organon*, which he published in 1806—*The Medicine of Experience*. Every part of it was the outcome of many years of patient study and experiment, and therefore it was built up slowly and gradually, bit by bit, each bit being a true induction from carefully observed facts.

We also see from these letters how careful Hahnemann was to insist on an excellent system of bathing and exercise in the treatment of his patients, and this at a period when hygiene was utterly neglected or not yet thought of in Germany. We know that even before these letters were written Hahnemann had already published several works on hygiene. In fact, he may be said to be the founder of hygiene as well as of the non-restraint treatment of insanity.

It is curious to observe with what unteachable persistency the majority of the critics of homœopathy misrepresent its essential characteristic, which Hahnemann expressed by the formula *similia similibus curenter*—let likes be treated by likes. The question arises in our minds: Do they do this wilfully or ignorantly? If wilfully, then we can have but a poor opinion of their

honesty. If ignorantly then we must feel astounded at the rashness of authors who write on subjects with which they have made no effort to become acquainted. In charity let us believe that these critics imagined they were giving a perfectly truthful account of Hahnemann's doctrine, though probably they were only repeating what they had heard others say respecting it, or they had really evolved the idea of homœopathy from their inner consciousness, as the German professor did his camel, and they had not a suspicion that their notion of homœopathy was not quite correct. It is a widely prevalent fashion among old school practitioners to imagine that they know perfectly what homœopathy is. Nothing is more commonly heard from the lips of an old-school practitioner than this: "We know all about it." But as a rule, these gentlemen, when subjected to cross-examination, betray their utter ignorance of the very fundamental principle of homœopathy, and are unable to state it in intelligible, or at all events correct, terms.

Some of the greatest men in the dominant school have essayed to "dish" the homœopaths by exposing the absurdities of the system, and it is pleasant to see how many of them have written, with *ex cathedra* dogmatism, the most ludicrous absurdities about a system they have either not studied or not comprehended. A few examples may not be without interest.

Andral, the greatest of Parisian clinicians and therapeutists, undertook a practical trial of homœopathy in his hospital. He commenced by letting everyone know that he had no belief in the system, but he omitted to mention that he had no acquaintance with it, and had the vaguest idea of what might be the exact meaning Hahnemann attached to the formula, *similia similibus curentur*. He thought it was to single out the most prominent and important symptom of the disease and to give for its cure a medicine that had shown its power to cause this single symptom. Andral's notion of homœopathy might be considered very pretty, but it was as unlike the real thing as it could well be. Neither Hahnemann nor his disciples are responsible for the practice Andral was pleased to term homœopathy. Andral might have urged in extenuation of his ignorance that at the time he performed his experiments—1833—there was no French work on the subject of homœopathy, even the

*Materia Medica Pura* of Hahnemann being untranslated. But then we might expect that he would not announce that he had made a fair trial of homœopathy when he could not be sure that he had a correct notion of what constitutes homœopathy. It does not speak much for the honesty of the illustrious man that though the practice he had made trial of in the hospital of La Pitié was immediately repudiated by the followers of Hahnemann, he still went on appealing to it as a refutation of the pretensions of Hahnemann, and it is as little creditable to succeeding hostile controversialists that Andral's bogus experiments are invariably referred to as a complete refutation of homœopathy.

Sir Benjamin Brodie was one of the most celebrated surgeons of this country. Someone thinking, no doubt, that because he was a renowned surgeon he must also be a great authority on everything connected with physic, asked him to give his opinion on homœopathy. Sir Benjamin, highly flattered by this mark of confidence in his therapeutic knowledge—the more so probably because no one had hitherto supposed he had any—wrote and published a letter, which appeared in *Fraser's Magazine*. Naturally, he stumbles over the definition of *similia similibus*, which seems to be the *pons asinorum* of medical critics and lecturers. He says, "the plain English of it is that one disease is to be driven out of the body by artificially creating another disease similar to it;" and he then proceeds to pick to pieces this man of straw which is of his own manufacture. And yet Sir Benjamin tells us that he has read the works of Hahnemann and of several of his disciples, so that we are lost in amazement to see what a mess Benjamin has made of his studies of homœopathy. John Hunter said something similar, viz.: that one disease—not necessarily artificial—will drive out another; and Trousseau describes a method he calls *Médecine substitutive*, which is precisely John Hunter's idea, or rather, I should say, precisely Sir Benjamin Brodie's idea of what homœopathy is. But *similia similibus curentur* does not mean this at all. It is true that Hahnemann tried at one time to account for the cures made by homœopathy in some such way as this of Hunter's and Trousseau's substitution of one disease for another. But the truth or falsity of this speculation no way affects the correctness of the thera-

peutic rule—*similia similibus curentur*—which is not a theory, and which can very well afford to do without any theory yet a while.

Another great authority in medicine, Dr. C. J. B. Williams, formerly professor of Medicine and Physician Extraordinary to the Queen, Lumleian Lecturer, &c., &c., on retiring from practice, and having considerable leisure time on his hands, bethought himself that he could not better employ this leisure time than in writing his autobiography. The potentate who finds occupation for idle hands apparently suggested to him that he should write something about homœopathy in this autobiography, which he was well qualified to do in an unprejudiced and satisfactory manner, because having retired from practice he could have no hostile feeling against it, as its success could not do him any injury. Another qualification he had for the impartial treatment of his self-imposed task, was that he knew absolutely nothing about the subject. It is curious that a physician and lecturer on medicine should not have made himself at all events superficially acquainted with a system which occupies such a large and important place in medicine; but, perhaps, medicine is not singular in possessing writers whose dogmatism is in the inverse ratio of their knowledge. Here is what Dr. Williams says: "The fundamental dogmas of homœopathy are—(1) '*Similia similibus medentur*,' or 'like cures like.' Hahnemann, who ought to know something about the matter, says his therapeutic rule, which is not a dogma, fundamental or otherwise, is '*similia similibus curentur*,'—'let likes be treated by likes.' The second 'fundamental dogma' of homœopathy, according to Dr. Williams, is 'infinitesimal medication, involving the paradoxical and gratuitous assumption that an infinitesimally small (or any small) quantity shall have the reverse of the effect of a large quantity.' So far as I know, both of these, as absolute propositions, are utterly untrue." 'Infinitesimal medication' is neither a dogma nor a practice of homœopathy. Hahnemann himself says, while disapproving of the excessive dilution of medicines proposed by a disciple, "there must be some end to the thing, it cannot go on to infinity." If some of Hahnemann's disciples, neglectful of his warning and advice, have carried the dilution of medicines to an extravagant length they yet are unable to assert that their practice

in this matter is a dogma of homœopathy, or even an essential principle of the homœopathic system, and it has been distinctly repudiated and denounced by Hahnemann himself. Small doses can only, by an extravagant and strained use of words, be called "infinitesimal." But the dosage of homœopathy, be it small or infinitesimal, does not involve the assumption that a small quantity shall have the reverse of the effect of a large quantity. Such an assumption has nothing to do with homœopathy at all. I have seen it broached several times in allopathic periodicals, notably the *Lancet*, and it is certainly a pet dogma of our friend Dr. Sharp, on which he has founded his brand new system of "antipraxy;" but that, as he tells us, is not homœopathy—very much the contrary indeed. It is, he says, directly antagonistic to Hahnemann's homœopathy, which it is destined to upset and extinguish altogether—somewhere about the Greek Kalends let us hope. So Dr. Williams is as wrong as he can possibly be on both points, and we only wonder how he could have lived so long with homœopathy growing up all around him, and have so utterly failed to learn what it is.

Another man of light and leading in the medical world, Dr. W. T. Gairdner, Professor of Medicine in the University of Glasgow, in his address on medicine at the meeting of the British Medical Association in August last, made the following assertion: "The Brunonian system represented the treatment, not of one disease, but of almost all diseases as bound up with, and at the same time confined by, one formula or method, of which the practical outcome was the copious administration of alcoholic stimulants and of *opium*. Substitute infinitesimals for the very palpable and potent remedies of John Brown, and exactly the same remark may be made of the homœopathic doctrine, also a revolutionary child of the 18th century." Now Dr. Gairdner has had a good deal of experience in medical polemics, and has written several pamphlets and articles on the theme of homœopathy which, indeed, displayed a plentiful lack of knowledge of the subject, but, as he was fully answered by competent writers, and set right where he was manifestly wrong, he ought by this time to know what homœopathy is. But anything more hopelessly at variance with the facts than the passage just quoted it



would be difficult to match. He is completely wrong as to the Brunonian system, which is not bound up with and confined by one formula or method, but is a system, like all previous and later systems—except homœopathy—which starts a theory or speculation as to the nature of the disease, and adapts the treatment to this speculative nature of the disease. Thus all diseases are either sthenic or asthenic; if the former, they are to be treated with bleeding and antiphlogistics, if the latter, with stimulants, such as *alcohol* and *opium*—*opium* being, according to Brown, the most powerful of stimulants. The doctrine is simplicity itself; it only needs two provisos to make it as true as it is simple: first, that diseases should all be either sthenic or asthenic, and recognisable as such; second, that antiphlogistics are the remedies for the former, stimulants for the latter. No two things could be more unlike one another than the Brunonian system and homœopathy.

Homœopathy has nothing to do with speculation as to the nature of the disease, nor does it divide its remedies into antiphlogistics and stimulants, or make any other classification of them at all akin to this. Of course, Dr. Gairdner knows this as well as we do, and it says little for his scientific spirit or his love of truth that, for the sake of obtaining a cheer from the ignorant bigots among his audience, he would peril his reputation as a teacher of medicine, and ruin his character for veracity—if he ever had one, for truthfulness, if we remember right, was not a conspicuous quality in his former controversial writings—by making such a curiously unveracious statement respecting homœopathy. In another part of his address he praises Sir John Forbes for not refusing “to accept truth even at the hands of homœopathists,” and his audience would have merited equal praise had they refused to accept—well, the opposite of truth—even at the hands of Professor Gairdner.

But the most extraordinary misstatement in reference to homœopathy was perpetrated by Dr. Lauder Brunton in the preface to the third edition of his *Pharmacology*. Goaded by the repeated attacks made on him for conveying the remedies of the homœopathic school into his work without any acknowledgment of the source whence he derived them, he promised a full reply to his critics and a statement of his opinion of homœopathy in the



preface to the forthcoming third edition of his work. In this preface he says, "The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug does not constitute it a homœopathic medicine, for this rule was known to Hippocrates, and the rule, *similia similibus curentur*, was recognised by him as true in some instances." Was ever such an incorrect and illogical statement palmed off upon an expectant public? Of course, every one knows that the mere fact that a drug that will cure a disease exhibiting symptoms similar to those produced by itself on the healthy constitutes it a homœopathic medicine, and an illustration of the principle or rule *similia similibus curentur*. The dose has nothing to do with the principle, though, as a fact, in homœopathic treatment a smaller dose than that which caused the symptoms in the healthy is usually required for the curative purpose. But the reason given for denying the homœopathicity of the medicine administered on strictly homœopathic principles is the most astounding part of the statement: "For this rule was known to Hippocrates and the rule *similia similibus curentur* was recognised by him as true in some instances!" How homœopathy should not be homœopathy because it was known to Hippocrates is a puzzler, and why because *similia similibus curentur* was recognised by Hippocrates as true in some instances its validity as the homœopathic formula should be impugned, is as exquisitely absurd a *non sequiter* as has ever been committed by a medical author, and that is saying a great deal. Evidently Dr. Brunton did not know what to say against homœopathy, so he penned the paradoxical nonsense I have quoted in order to seem to be saying something against it; but if attentively examined the passage proves nothing against homœopathy, but a great deal against Dr. Brunton's power of dealing fairly with a great question of medical science. No wonder Dr. Brunton says "I dislike controversy extremely," when it is evident he does not understand the elementary principles of fair discussion. How can we expect the rising generation of doctors to leave their medical schools with an accurate knowledge of the great medical reformation of this century when their teachers present them with such perverted views of the subject? And Dr. Brunton is not only a teacher of

Materia Medica at Bartholomew's Hospital School of Medicine, but likewise is, or was, and may be again, Examiner in Materia Medica to the Royal College of Physicians and other institutions for the manufacture of doctors, and editor of a monthly medical periodical called *The Practitioner*, in which every work brought out by the editor is praised up to the skies—a new form of “log-rolling” not contemplated by the American inventors of that operation.

It is tedious to repeat the inanities and misrepresentations respecting homœopathy that have been uttered and written by men occupying prominent positions in established medicine, so I will not quote or comment on any more of them. Very few attempts at a fair estimate of homœopathy have proceeded from the opposite camp, and these belong to a different period from the present. Sir John Forbes, Dr. Andrew Combe and Dr. Kopp have given the fairest accounts of the homœopathic doctrine and method. The two latter were, by their studies, almost convinced of the truth of homœopathy, and the first named, Sir John Forbes, would probably have accepted the homœopathic rule as the best therapeutic guide had he not previously committed himself to the assertion that there was no truth in therapeutics, and that patients would do better to go without physic at all.

The sceptical spirit Sir John Forbes displayed has frequently possessed distinguished physicians in all ages. But never was this spirit so rife as in the present day. Sir William Gull, only a few weeks ago, deliberately confessed his almost entire want of belief in the curative powers of drugs. Dr. Moxon—lately dead—held out no hopes of therapeutics ever being better than empirical guess work, and he denounced the “rational method” in physic as the greatest curse to patients, leading us to infer that he was in favour of some *ir-rational* method which he did not describe. On the other hand, the *Lancet*, of September 17th last, asserts that rational medicine is the only scientific article, but it is a *lesé-majesté* against rational medicine to attribute to it any particular law. Any law that it may possess it must share in common with all other sciences, and it must conform to the laws of every other science, and all sciences must have the same laws. This may be very

profound, but it is not very intelligible ; indeed, it seems very like—not to put too fine a point on it—arrant nonsense. Imagine medicine being subject to the laws of gravitation, optics, mechanics, chemistry, mathematics, and the rest of the sciences, and having no particular law or laws of its own ! *Empiricism*—which many other authorities of the old school say is just what medical treatment is—this learned editor declares to be the antagonism of science, and *experience* he sneers at, and maintains that science is in no way advanced by it. As his rational medicine is an impossibility, and he entirely discards the experience which has hitherto been the sole guide of old-school therapeutics, medicine must be in a parlous state indeed.

No speaker on the subject of medicine at the various schools which are now commencing their winter session will fail to deplore the backward condition of therapeutics and to prophesy its great advance in the immediate future. This lamentation and this prophecy have been repeated in the introductions with unfailing regularity ever since our medical schools were founded, and still the wail as to the backward state of therapeutics is heard as an obligato *miserere* to the *te Deum laudamus* for the anticipated astounding progress of therapeutics.

But as regards the prophecy of the great advance in the art of healing which is to occur in the near future, authorities differ as to the efficient agent in this vaticinated advance. Some see in the discovery of microbes the dawn of a glorious day for therapeutics. It has not as yet enabled medical men to cure diseases better than before ; indeed, the microbes seem often more tenacious of vitality than their host, for occasionally the latter succumbs to the remedies intended to destroy the former, who continue as lively as ever. And there goes the renowned physician, Professor Semmola, all the way from Italy to Washington, and tells the 2,700 doctors assembled there at the International Medical Congress, that “ Bacteriology has produced no practical results in the cure of internal diseases. To consider bacteriology as the key to all pathology—to assume that these microbes are really at the bottom of all the mischief—is the chief error of to-day,” on which the commentator in the *Daily News* plaintively exclaims, “ Alas ! it was the very acme of wisdom not so very many days ago.” Others look to

what they call " pharmacology " as the *deus ex machina*, which shall make of therapeutics an exact science, and we of course agree with them in this, for we, and Hahnemann before us, have always asserted that therapeutics is to be advanced through pharmacology, of which Hahnemann indeed was the founder. But we differ considerably as to how pharmacology is to be pursued. Hahnemann and his followers say it must be through their action on the healthy human being that the effects of medicines are to be ascertained, whereas the pharmacologists of the dominant school attempt to cultivate this science by experiments with drugs on other animals than man. Monkeys and dogs, rabbits and frogs, are the chief subjects of their experiments. But it may be safely said that thousands of experiments with drugs on wildernesses of monkeys, packs of hounds, warrens of rabbits, and morasses of frogs would throw little light on the effects of these drugs on man, and none at all on their curative powers on sick humanity. The inferior animals not being able to communicate with us by speech or signs, we can only observe the rude and rough chemical, mechanical and irritant effects of drugs on them, and it is not apparent how an observation of these effects could be of use in the treatment of disease to anyone, and more especially to one who refused to be guided by the homœopathic therapeutic rule. The pharmacologists of old physic have not fared very well at the hands of some great authorities on their own side; notably, Dr. Wilks, Lawson Tait, and others, who deny utterly the advantage to therapeutics of the tortures inflicted on the poor brutes. Even Dr. Whittall, who opened the section of pharmacology and therapeutics at the annual assembly of the British Medical Association this year, said, after damning pharmacology with faint praise, " the real work only begins where the pharmacologist leaves off." In that case it might be as well that the pharmacologist—of the established school—should leave off at once, for it is about time that real work was commenced. Dr. Lauder Brunton is one of the greatest experimenters in this way. His favourite subject of experiment is the frog, of which he has vivisected and poisoned immense numbers; but, in his large work on *Pharmacology*, lately published, I cannot find a single instance where he was led to the remedial use of a drug by its effects on his more or less

mutilated frogs. But, still, in spite of his repeated failures to elicit anything useful for the treatment of human diseases from his futile experiments on frogs, he goes on with them without stopping—a veritable medical Micawber—always hoping that something will turn up. But nothing ever does or ever will, and I venture to say that no remedy for the diseases of mankind has ever been or will ever be discovered by any number of experiments on the lower animals. I will go farther, and maintain that no remedies for human maladies will ever be discovered by the opponents of homœopathy by the most carefully conducted experiments on healthy men. Several distinguished men of the old school have proposed and even carried out experiments with drugs on healthy human beings, in the vague hope that something useful for remedial purposes would result from them, but when they have collected this pathogenetic material they are quite at a loss what to do with it, for they must not use it to treat diseases which present similar symptoms to those their drugs have produced, for that would be flat homœopathy—Dr. Lauder Brunton to the contrary notwithstanding—and they deny that there is any other principle showing the relation of drug action to disease. Only last week the editor of the *Medical Press* worked himself up into a towering passion at the very idea of being thought to care a straw about medical principles. “We ask the public to believe us,” he exclaims, “when we assert that in our estimation the question whether the methods we employ are allopathic or homœopathic is as far beneath us as not to be deserving of a thought.” How very high up that editor must be—perhaps up a tree! So the material the Jörg’s, the Frerich’s, the Segin’s, the Harley’s and other old-school experimenters have painfully collected would be utterly wasted were it not greedily snapped up by our school and transferred to the pages of our *Materia Medica*, always with thankful acknowledgment of the source whence it was taken; for we are not, like our opponents, anxious to conceal the fact that we utilise the labours of the other school when they are suitable for our purpose. Several knowing ones in the old school have had the wit to perceive that the proving of medicines on the healthy could be of no earthly use to them in their allopathic treatment, and have denounced

them as "contrary to nature and common sense." No doubt they perceive that if persevered in they must lead straight away to homœopathy, as they did in the case of Professor Zlatarovich, of Vienna, Dr. Schrön and some others.

The experiments carried on with unabated zeal in the so-called "physiological laboratories" so universal in the medical schools of Germany—which our zoophilist friends call vivisection—promise to be crowned with triumphant success in the "near future." For we read in the *Lancet* of the 19th of last month: "Thanks largely to the laborious investigations of the German physiologists we may now say that it looks as if, in the near future, some definite method will be discovered by means of which we may be enabled to assert whether any particular stomach which may claim the attention of the scientific physician is or is not in a healthy condition." Well, now, that is "grateful and comforting," like Mr. Epps's cocoa. In the "near future"—the "near future" seems to be the favourite period for the accomplishment of all the prophecies of medical triumphs, but as we advance it always recedes, just like a will-o'-the-wisp—well, in the "near future" the scientific physician will probably, or possibly, be able to tell us whether our stomach is or is not in a healthy condition; but in the meantime let no one rashly presume to decide whether his stomach is or is not out of order. Only let us entreat these German physiologists to hurry on their laborious investigations, so that there may be a chance of our getting to know whether our stomachs are disordered or not within a reasonable period of time, for till then, of course, we must remain in doubt about our diet, and continue to eat our dinner in fear and trembling.

The partisans of old-school physic take as many of our remedies as they like, and when they are taxed with using homœopathic remedies, not being able to deny the charge, they loftily assert that medicine knows no "pathies," but has a perfect right to take her remedies wherever she can find them—from savages, shepherds, old women, and *even* from the homœopathic *Materia Medica*; but as, no doubt, they are the people, and wisdom shall die with them, they alone know how to employ the medicines they condescend to borrow from us. The latest work on therapeutics, by Dr. Mitchell



Bruce, is permeated with instances of homœopathic treatment. Thus he says: "In the intestines, *copper* is an astringent [according to scientific medical nomenclature, a medicine is said to be astringent when it stops diarrhœa] in small quantities, an irritant purgative in larger quantities. Small doses are given for some kinds of diarrhœa." Again: "In doses of 15 to 30 grains, *ipêcacuanha* acts as an emetic; in very small doses it will arrest vomiting." "*Rhubarb* is used in small doses as an intestinal astringent; larger doses are given as a purgative." "Many inflammations of the skin and eyelids are treated by weak solutions of *corrosive sublimate*; stronger solutions cause inflammation of the skin." "Boils, scrofulous sores, suppuration are to be treated with *sulphide of calcium*"—our *hepar sulphuris*; "spasmodic asthma with *arsenic*, *nux vomica*, *hydrocyanic acid*;" "bronchitis with *aconite*, *ammonium carbonate*, *antimonium tartrate*, *ipêcacuanha*, *senega*;" "bruises with *arnica*;" "cholera with *camphor*;" "constipation with *nux vomica*;" "delirium with *belladonna*, *opium*;" "diarrhœa with *copper*, *rhubarb*, *arsenic*;" "fever with *aconite*;" "inflammation with *aconite*, *belladonna*;" "pleurisy with *aconite*;" and so on. In fact, all the common and well-known homœopathic remedies and their indications are transferred to Dr. Bruce's work without a word of acknowledgment as to the source whence they are derived. Probably, if hard pressed, Dr. Bruce would say he took them from his friend Dr. Lauder Brunton's work, who, as he has lately told us, took his from the *Comparative Therapeutics* of Dr. Potter, a graduate of an American Homœopathic College. But whencesoever directly taken we know, and every one knows, that their real source is the homœopathic *Materia Medica*. It is curious to note that Dr. Bruce calls his work on the title-page "*An Introduction to the Rational Treatment of Disease*," and that the "rational" treatment he introduces us to is mostly, if not entirely, homœopathic. Now, it is well known to you that the title Hahnemann gave to the first edition of his great work was "*Organon of Rational Medicine*," so it is a significant coincidence that the author of a work which introduces a whole crowd of Hahnemann's medicines to his readers should call it an introduction to the *rational treatment of disease*, alias *rational medicine*. Dr. Bruce,



besides being lecturer on *Materia Medica* and therapeutics at the Charing Cross Hospital, is examiner in *Materia Medica* to the University and the College of Physicians of London. Intending candidates for the diploma of these two institutions might do well to read up a work on homœopathic therapeutics to prepare themselves for examination by Dr. Bruce.

Though our opponents largely adopt our therapeutics they do not *voluntarily* say anything to betray the fact that they have borrowed many of their remedies from us. It is only when driven into a corner, and compelled as it were to stand and deliver, that they confess to having "accepted truth *even* at the hands of homœopathists." But they impertinently classify us with the old women and uneducated savages to whom they are indebted for some of their most accredited remedies and modes of treatment. They continue to deny us the rights of brotherhood, and affect to regard us as not even belonging to the profession—pariahs, in fact, on whom any insult may be passed, and any injustice perpetrated, not only with impunity, but with applause from their allopathic colleagues. They cannot, indeed, proclaim our associations, break up our meetings by force, shoot us down with rifles if we object, and imprison our leaders, after the manner of a firm and resolute Government; but they can boycott us out of their societies and periodicals; they can intimidate the publishers, so that these tradesmen cannot publish, or even advertise, our works; and they have frequently tried their hand at evicting us from our hospital appointments, successfully in the cases of Henderson, Horner, Reith and others, but unsuccessfully in their most recent attempt of this sort at the Margaret Street Infirmary for Consumption, where two of the medical officers having become convinced of the superiority of homœopathy, the remainder of the medical staff, with one honourable exception, sought to oust them from their posts. In this attempt, as you know, they, for a wonder, signally failed, for the general meeting called to consider the matter passed a resolution in favour of liberty of opinion and practice for the medical officers. This led to the resignation of the anti-homœopathic members of the staff. That the representatives of established medicine could not remain in an institution where a resolution in favour of liberty of opinion and

practice was passed, stamps their school as a sect of the narrowest description, intolerant of any opinions but those they themselves hold. But the sectarian character of the old school has quite lately received a still more striking illustration. It so happened that the surgeon elected by the governors of the Margaret Street Infirmary to take the post vacated by the former surgeon, who resigned along with the other members of the staff, was also surgeon to a newly-started hospital, called the Jubilee Hospital. The executive committee of the latter, mainly composed of the medical staff, were scandalised by the fact that their surgeon should hold a post in an institution where liberty of opinion and practice in matters medical was allowed, so they addressed a collective note to him requiring him to cease his connection with the Margaret Street Infirmary, or else resign his post in the Jubilee Hospital. On his refusing to submit to this piece of tyranny, the executive committee superseded him, and appointed another gentleman to take his post. In this instance there was no suspicion and no accusation of homœopathic heresy against the surgeon; as a fact, he has no belief in homœopathy. He was dismissed solely because he belonged to an infirmary where liberty of opinion and practice was accorded to the members of the medical staff, and where, consequently, homœopathy, or any other line of treatment, might be practised by the medical officers according as they judged proper in the interests of the patients. Of course, a dismissal from a post on such a flimsy and frivolous pretext is wrong in law and equity, and the dismissed surgeon has commenced an action for wrongful dismissal against the tyrannical bigots of the executive committee. Let us hope a jury will award him a good round sum in damages, to teach the bigots that there are limits to their power to oppress those who differ from them, or, as in this case, who approve of according to others the same liberty they themselves claim.

I might enter on an enquiry as to the reasons why our colleagues of the old school still maintain their hostile attitude towards us, though they are so largely indebted to homœopathy for the boasted progress of therapeutics both in the remedies they use and the injurious modes of treatment they have abandoned. But this enquiry would lead me too far, and would be taxing your patience too

severely. I would merely mention that the reasons are manifold. There is the difficulty of bringing men to acknowledge they have been wrong in their conduct towards their homœopathic colleagues, the reluctance to admit that methods and labours which they have been continually vaunting as the only possible means of developing scientific medicine are fallacious, the negative answer these controversialists always give to the question "Have any of the rulers or Pharisees—the big-wigs of the profession—believed on him?"—though, as a fact, we can point to many illustrious converts from the old school, including no less than five Professors of Pathology in ancient universities, such as Edinburgh, Zurich, Tübingen and Montpellier—and above all these is the well-ascertained fact that homœopathy does not pay. It diminishes the duration of diseases, it renders the frequent visits of the practitioner to watch the effects of his remedies superfluous, and it enables patients to treat themselves for most of the slighter ailments and many of the serious diseases which under the ordinary system have hitherto required the aid of the family medical attendant. The diminution of the number of the sick, and of the duration of their sicknesses implying a diminution of the fund whence the medical practitioners derive their means of living, in the face of the over-crowding of the profession—1,200 young doctors being annually added to the profession to supply the places of 600 dead or retired practitioners—is not calculated to make the medical profession enthusiastically desirous for the triumph of homœopathy.

Dr. Richardson has lately shown in the *Asclepian* that the improvements in sanitary matters and in preventive medicine have seriously affected the incomes of the profession, and the instinct of self-preservation will lead its members to resist to the utmost any farther diminution of the sources of their incomes.

Partial compensations to the profession are occasionally found. The encouragement given by the bulk of the profession to the indiscriminate use of narcotics is one of the most objectionable of these. The doctrine that wherever pain exists it must be instantly choked off with a narcotic, has led to the manufacture of some of the most distressing maladies. Numerous asylums exist on the continent for the treatment of morphinomaniacs, whose

insanity has been caused by the extravagant use of *morphia*, chiefly in the form of hypodermic injections, originally introduced and practised upon them by their medical advisers, but which they keep up for themselves. A Pravaz syringe or a bottle of *chloral* is looked on as indispensable to every fashionable lady's or gentleman's toilet-table—at least, in Ouida's novels. Other narcotics are also extensively employed, such as *bromide of potassium*, *ether*, *chloroform*, *cocaine*, and lastly *hashish*, not to speak of the continual and pernicious use of *alcohol* in extravagant quantities. While temporarily relieving suffering, these poisonous drugs not only mask the signs by which the cause of the disease reveals itself and its remedy may be discovered, but they lay the foundation of other and often more serious diseases, which not only destroy the bodily health but injure the mind and weaken the moral sense of their victims.

Any theory or mode treatment that promises to give the doctor more to do is eagerly accepted by the great bulk of the profession. The germ theory, which offered the practitioner many opportunities of fussing about his patients, examining their secretions with his microscope, and applying his microbicides, was very popular for a long time, but its day has gone by. In surgery, the carbolic acid antiseptic system, which brought a baronetcy to Lister, was received at first with acclamations, but is now seldom spoken of, as it has failed to effect what its promoters promised. While the delusion lasted there was a rare time for the surgeon, with his spray producers, his antiseptic bandages, plasters, lint and so forth.

That the medical profession, as a rule, are more addicted to credulity than to scepticism in regard to medical innovations which do not tend or threaten to diminish their profits, is shown by the uncritical haste with which they adopt the most fanciful theories regarding disease, and the most absurd and pernicious modes of treatment. The germ theory, with its corollary germicide remedies, the doctrine of the prime importance of subduing pain and procuring sleep, with its corollary of the indiscriminate employment of narcotics, prove this; and further evidence of this credulity is afforded by the acclamations with which the whole medical profession, as represented by their periodical organs, received the miserable delusion of Pasteur's anti-hydrophobia inocu-

lations, the excellence and efficacy of which we have lately seen testified to by a British Committee, consisting of some of the most distinguished and highly considered men of this country, when the most cursory examination would have shewn them that so far from Pasteur's inoculations having proved successful, the rate of mortality from hydrophobia in France has been actually much higher during the year when his inoculations were in full swing than the average of a long series of years. By far the greater number of these deaths in France occurred among patients who had been subjected to Pasteur's inoculations, and there is not a shadow of a doubt that a good many of the deaths were really owing to the inoculations, which caused a new and hitherto undescribed form of rabies—*rage de laboratoire*, the French call it. Perhaps the recent death of a British Peer, who had been most carefully inoculated by Pasteur, will open the eyes of Pasteur's admirers to the fallacy on which the whole system is based. It was said, I think by Sydney Smith, that railway travelling would never be rendered safe until a Peer or a Bishop had been smashed; so, perhaps, now that a Peer has in his own person demonstrated the fallacy of Pasteur's inoculations, the tide of opinion will turn against them and the ludicrous pretensions of their inventor be discredited.

For the reasons before stated I do not anticipate any very speedy general adoption of homœopathy by the profession nor any immediate general admission of the claims of Hahnemann to be considered the greatest physician whom the history of medicine can show. But the time will come when all this will happen. The flowing tide is with us, and though it seems to flow but slowly in Britain and in Europe it makes perceptible advances. This very year we have witnessed two rather significant events, one of them is the transfer of the Margaret Street Infirmary for Consumption, not exactly to a complete staff of Hahnemann's disciples, but at all events to a staff who are willing to accord perfect liberty of opinion and practice to their colleagues, and the majority of whom are open and avowed believers in the therapeutic rule we owe to Hahnemann. The other significant event is the opening of the Hahnemann Hospital in Liverpool, a magnificent gift from a public-spirited citizen and a zealous believer in Hahnemann's great

reform—Mr. Henry Tate—a gentleman well known to you as a munificent supporter of this hospital.

Hahnemann has been dead forty-four years, but unlike most medical celebrities, whose names are hardly remembered a few years after their death, and whose systems have generally been discredited and discarded before they had shuffled off this mortal coil, Hahnemann's fame has gone on ever increasing, and his system gathers converts daily. New hospitals are founded in almost every civilised country for the practice of his doctrines, new periodicals are established everywhere for the propagation of his therapeutics, the whole medical world is adopting more or less completely his remedies; if you seek his monument you have only to look around you at such noble institutions as this we are assembled in, at the crowds of grateful and enthusiastic friends who owe their health and often their lives to his brilliant discovery, at the "animated busts" which smile benignantly on us from hundreds of chemists' shops, one of which nearly spoilt the holiday of his American traducer, Dr. Oliver Wendell Holmes at Malvern, as he tells us. No medical reformer since the days of Hippocrates has ever obtained anything like the following of Hahnemann. What remains to us of the schools founded by Galen, Paracelsus, Sydenham, Boerhaave, Van Helmont, Stahl, Cullen, Brown, Broussais? They are nothing but mere *nominum umbræ*, but Hahnemann lives and flourishes in scores of Colleges and Universities, in hundreds of hospitals and dispensaries, in thousands of qualified and busy practitioners, and in millions of lay adherents in every civilised country in the world.

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## REVIEWS.

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*Wintering Abroad.* By Dr. ALFRED DRYSDALE. Second Edition. London: J. S. Virtue & Co.

PROBABLY there are few medical men who have not at one time or other felt the need of a practical and reliable guide to the wintering places of Europe, and although we can hardly say that Dr. Alfred Drysdale, in the little work now before us, has supplied this want, he has, at any rate, given in it hints which must prove of value, and which we hope to see expanded into a more complete volume. A very obvious evil

in the books on watering places usually seen is that for the most part they are simply collections of the opinions of men who, however able and honest, are naturally biassed in favour of their own localities, and this fault, Dr. Drysdale, who writes solely from personal experience, has "reformed altogether." Consequently, *Wintering Abroad* may be safely recommended to all medical men, not themselves *au fait* in the capabilities of the climate of the Riviera.

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*The Physician's Diary and Case Book, 1888.* London: Keene & Ashwell, 74, New Bond Street.

THIS very useful companion, which Messrs. Keene & Ashwell have provided for medical men, contains, in addition to an almanack and the usual information relating to stamps, the Post Office, &c., a clear space for the insertions of appointments on each day of the year, and one hundred and ninety-four pages of ruled paper for recording the particulars of cases, preceded by pages lettered for the purposes of an index.

This is the third or fourth year of its issue, and we believe that it has been found of great service and convenience to all who have hitherto employed it. It is exceedingly well got up, binding and paper being alike excellent. We advise our readers to avail themselves of the advantages it offers of enabling them to keep a *de die in diem* record of their work in a compact and simple form.

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## MEETINGS.

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### THE LIVERPOOL HAHNEMANN HOSPITAL.

THIS Institution, erected, furnished, and presented to the citizens of Liverpool by Mr. Henry Tate, was opened on Friday, the 28rd of September, by the Mayor (Sir James Potter) of Liverpool.



### THE HOSPITAL

is a handsome building of a very bright appearance, faced with red Ruabon brick. White stone from the Stourton quarries has been effectively employed in the cornices, window dressings, &c. The ridges, hips, and finials are of terra-cotta, and it is roofed with Welsh slates. It stands on red sandstone, in a position regarded as the healthiest in the city. The basement is occupied by the Dispensary offices, large store-room, and mortuary. On the ground-floor (south wing) are the kitchens and their usual adjuncts, with servant's hall. The board-room, stores, and office, with the entrance hall, are to the front. Facing the entrance is an hydraulic American elevator for the conveyance of patients to the three upper floors of the building. Also, on the ground-floor are the house surgeon's and matron's apartments, a large waiting-room with a porter's room overlooking it, and seven consulting-rooms. The staircase is of granolithic stone, and, with the corridors, is fire-proof. The hall and corridors have dados of glazed brick. On the first floor is a large ward 69 ft. by 24 ft., and another smaller. On the second floor is a large ward of a similar size; all three have a southern aspect, with cross lights, and a handsome bay window at the west end. The two larger wards have a convalescent room at the east end of each with a bay window. On the third floor are five private wards with a convalescent room, nurses' bed and dining-rooms, and an operating room, with north and top light; here, also, are the servants' bedrooms. All the wards are lofty and well lighted, and are provided with inspection apertures commanding a full view of every bed. Service rooms, with hot plates, racks, and dinner lifts are next the wards and nurses' rooms.

The latrines and bath-rooms on each floor are completely cut off by air spaces and double doors from the adjoining ward. They are lined throughout with glazed tiles, and the floors are of polished cement. They have also a separate system of warming and ventilation. The drainage and ventilation of the building have received special attention. The soil-drain pipes are flushed by Messrs. Doulton's large self-flushing tank, placed at a point where the closet soil-pipes join the drain. The ventilation and warming have been provided for on the "self-acting suction power" principle, which forms the basis of the method proposed and successfully carried out some years ago by Dr. Drysdale and Dr. Hayward.

The existing arrangements provide for the reception of fifty patients, and the building is so designed as to admit of considerable extension when some philanthropist of the future feels desirous of improving upon or, rather, extending the good work of that generous philanthropist of the present—Mr.

Henry Tate. The architects are Messrs. F. & G. Holme; the builders, Messrs. Holme & Green; and the decorations and furnishing were provided by Messrs. S. J. Waring—all of Liverpool.

#### THE OPENING CEREMONY

took place in the large ward on the first floor, which was gaily decorated with trophies of flags, and crowded with the members of the committee and of the medical staff, with their friends, and a large number of medical men who had taken part in the Congress on the previous day. His worship the Mayor was received at the entrance by Mr. William H. Tate and Dr. Drysdale, and having been conducted over the building by them, on returning to the place of meeting and having taken his seat on the platform,

The MAYOR said: Ladies and gentlemen; among the various duties which a mayor has to perform, one of the most delightful is such an one as that which you have invited me this morning to take part in and perform. On this occasion we are here to receive, at the hands of an honoured citizen, one of the most beautiful buildings that we have had the pleasure of seeing built among us. (Applause.) This building is the offering of an honoured gentleman, an honoured citizen, as a free gift to the City of Liverpool. It has been built by Mr. Henry Tate, at his sole expense, and not only so, but it has been furnished and completely equipped by him. He did not begin the work and leave it to be finished by others, but he was determined to hand it over, perfect and complete, to the citizens of Liverpool. A more generous act, I think, could not well be performed by anyone, and it gives me especial pleasure, I can assure you, to be here, as Mayor of Liverpool, and on behalf of the citizens of Liverpool, to receive this handsome present, this magnificent addition to the many splendid gifts which Liverpool has received from her various distinguished citizens. (Applause.) It is not for me, ladies and gentlemen, to enter, for one moment, into the merits of the principle which this institution represents, but there is one thing I must mention. I am told that Mr. Tate has not been influenced by any narrow sectarian views, but that he gives this hospital as an open trust, whilst at the same time approving, as he has done all his life, of the principles which this institution is proposed to represent. I think that that is a specially generous act, and it is one which ought to make it more acceptable to the people of Liverpool, and raise Mr. Tate's name, as I am sure it will do, higher than ever in their estimation. (Applause.) I am sorry that Mr. Tate is not here among us, but like all modest men and men of worth, no doubt he desired to be at a distance rather than be

present to receive the praises and adulations due to him, and which we could not have refrained from offering in his presence had he been here. I wish to say, in your presence, may Mr. Tate live long, be spared to find that the people of Liverpool—both those now amongst us and those who will hereafter join our population—are grateful to him, and to receive at their hands the thanks and praises and acknowledgments of his great kindness. Again I desire in the name of the people of Liverpool to acknowledge this very great kindness, this act of benevolence and munificence on the part of Mr. Tate, who will long be regarded as one of our most honoured and respected citizens. (Applause.)

The Rev. CANON FERGIE, of Ince, Wigan, being called upon by the Mayor, invoked the Divine blessing on the Institution, its donor, officers and patients.

Mr. WILLIAM H. TATE said: Mr. Mayor, it is now my pleasing duty, in the absence of my father, to present to you the Trust Deeds of this hospital, as a free gift to the citizens of Liverpool. (Applause.)

The MAYOR: Mr. Tate, on behalf of the citizens of Liverpool, I accept that gift with every feeling of gratitude and respect, and I have now, ladies and gentlemen, to declare this hospital open. I sincerely hope that the object for which it has been designed and opened will be carried out. I have no doubt in my own mind, from what I have seen in my inspection of the building from the basement to the top rooms, that in this place, dedicated to the relief of suffering humanity, nothing can possibly be wanting to add to the comfort of the poor sufferers likely to be brought here for assistance. It is only due to the architects to say that, so far as I can judge, and I have had various opportunities of visiting hospitals in different towns, I have not been able to detect one single thing throughout the whole building, with regard to which one could possibly take exception. I think it is most excellently conceived and beautifully executed. It not only redounds to the credit of those who have thought over the arrangements, but it redounds greatly to the credit of the architects and builders, who have carried out the work in such a beautiful manner. (Applause.) I am sure, Mr. Tate, I regret, and many other people regret, that your father is not here to hand these deeds to us with his own hands. But he is well represented by yourself. (Applause.) May he, and the members of his family, live long to see the excellent results of the good work which will be carried out in this building. (Applause.) On behalf of the citizens of Liverpool, I offer to Mr. Tate, and to the whole of his family, the grateful thanks of every one forming this great community. (Applause.)

Mr. THOMAS CROSFIELD, Chairman of the Committee, addressing Mr. W. H. Tate, said: I beg to present to you a memorial to Mr. Henry Tate, from a number of friends, who consider it only fit and suitable to give to him a memorial in admiration of his estimable worth, and of the generous gift he has presented to the town. (Applause). The address reads as follows:—

“To Henry Tate, Esq., J.P., Donor of the Liverpool Hahnemann Hospital.

“We, the Trustees, Committee, and Medical Board, accept, with sincere gratitude, your noble gift of a hospital, in which the homœopathic theory may be applied to practice in medicine. In providing for this purpose a building furnished and complete in every department, you have recognised and met a want which had long been felt in the city where the greater part of your active life has been passed. While thus appreciating your philanthropy and generosity, we must be allowed to add our testimony to the intellectual discernment and the sense of justice which have led you to aid a minority of the medical profession, hitherto shut out from the hospitals here, to develop and display their mode of practice, and, at the same time, to offer the poor the opportunity of benefiting thereby. We cannot, moreover, refrain from acknowledging the enlightenment and wisdom with which you have supported science, without interfering with the liberty essential to progress, for, while favouring a particular school of medical opinion, you have not encumbered your gift with any condition prejudicial to the advance of medical knowledge and its application to practice. It seemed to us natural and appropriate that this institution should be called the Henry Tate Hospital, but with that modesty which we cannot but admire, you have declined the proposal, and have decided, that in order to commemorate the discoverer of the homœopathic principle, it should bear the name of the Hahnemann Hospital. We trust that you may long be spared in health and happiness to see the progress of this institution, and that for many generations your children's children may take a leading part in its management, and look with interest and pride on the charitable work, of which you are the founder.

“Signed on behalf of the Trustees, Committee, and Medical Board,

“J. J. Drysdale, M.D.

“John Moore, L.R.C.P., M.R.C.S.

“John W. Hayward, M.D.

“Thomas Crosfield (Chairman of Committee).

“Liverpool, 23rd September, 1887.”

I am sure there is a great feeling of regret among this company that Mr. Tate is not down here personally to receive this memorial, but we can all esteem his modesty. As a friend of mine, whom I met in the street said, he belongs to those who "do good by stealth and blush to find it fame." (Applause). I have no doubt that Mr. W. H. Tate will give this to his father. It is a beautiful work of art, and worthy of inspection. I have great pleasure in presenting this memorial to Mr. Henry Tate for his father. (Applause).

Mr. Wm. H. TATE: Mr. Mayor, ladies and gentlemen, if my father felt himself unable to be present at this meeting to-day, you may be quite sure that I do not feel myself that I am fit to represent him. Therefore I only propose as briefly as I possibly can to return my most grateful thanks in his name, and also on behalf of the members of our family, for your kindness and for the kind words which the Mayor said about him to-day. My father has very kindly sent me an address which he wished me to read at this meeting. As it will express more to the point what is to be said on this occasion, with the Mayor's permission I will read it:—

"I regret exceedingly my inability to be present at the opening of the hospital on Friday next, but I feel the excitement would be too much for me, and I know I should break down, so I think it wiser to deny myself the pleasure I have so long anticipated. In the first place I must express my warmest thanks to the Mayor for his great kindness in giving his valuable services at the inaugural ceremony, and also to all those who have shown such a warm interest in the institution—an institution which it has long been my earnest desire to see established. At the same time I desire to record the pleasure and gratitude with which I see accomplished the great wish of my heart in being now enabled to present to the inhabitants of Liverpool, without distinction of class or opinions, the Hahnemann Hospital. Though I cannot claim to be a Liverpool man by birth, a residence of nearly fifty years gives me some title to call myself a son of the good old town (or as we must now call it, city). It therefore seemed to be fitting that I should testify in some substantial manner my sense of the great benefits received by my family and myself during thirty-eight years from the system of medicine first discovered by Hahnemann, and I could think of no better way of putting my grateful feelings into shape than by erecting a building where others, less fortunate than myself, might benefit by treatment similar to that which in my own experience I have found so successful. If the great Hahnemann had done nothing more than influence the general body of medical men in the direction of a more humane treatment of

their patients, the abolition of bleeding and blistering, and the reduction of nauseous doses, he would have made mankind his debtors for ever, and feeling this so strongly I have insisted, contrary to the wishes of a great many of my friends, that this hospital and medical school shall be called after him, and not after myself. His services to mankind richly deserve all the honours which can be heaped upon his memory. Mine only consist in the accident of having been fortunate in business. The administration of the hospital will be started on the principle laid down by Hahnemann as at present understood, and the medical staff will be chosen from the ranks of its professors. But while holding strong, and, as I conceive, well-founded, opinions as to the general soundness of those principles, and while feeling convinced that they are the best yet discovered, I have no desire to fetter posterity and tie it down to a strict adherence to what appear to me the great medical truths of to-day. I have therefore provided in the trust that although this institution will bear the venerated name of Hahnemann, and will thus be unequivocally associated with the system he propounded, there shall be no restriction on the managers of the future to the present practice. The medical officers shall ever be free to adopt such measures as future scientific research may discover and develop; and if in the march of progress it should come to pass that the Hahnemann system should be superseded by something else—which I, of course, at present find it difficult to believe—then I hope the managers of this institution will show themselves worthy of the free and open spirit which has witnessed its foundation, and be ready to apply the newest discoveries which the science of their day may bring to light. I have seen so much of the evil results of cramped and rigid conditions attending gifts to charitable institutions, that I am determined not to allow those who are to manage this hospital and medical school to be hampered in their work. In presenting the deeds of the land and building, through the medium of my son, Mr. W. H. Tate, to the trustees, on behalf of the inhabitants of Liverpool, I would express the fervent hope and prayer, in which I feel sure the heartfelt sympathy of all those present will be with me, that God's blessing may rest upon the undertaking."

Mr. THOMAS CROSFIELD: I now have a very pleasant duty to perform, and that is to propose that a hearty vote of thanks be given to the Mayor for the very able manner in which he has conducted the proceedings. I am very glad to see him here to-day.

Mr. W. H. TATE: I shall be pleased to second that vote of thanks.



The motion was put to the meeting by Mr. CROSFIELD, and was carried by acclamation.

The MAYOR, in reply, said: It is a very simple, but a particularly interesting duty which I have had to perform, and I am very glad indeed that we have had the opportunity of hearing that statement of Mr. Henry Tate, read by his son. I am sure it stamps thoroughly the character of the man, and indicates his generosity and his good and noble heart. I thank you very much for receiving the vote with so much cordiality.

Mr. THOMAS CROSFIELD: I have to announce that those who are the fortunate possessors of tickets for luncheon will now proceed to the large room.

#### THE LUNCHEON.

The invited guests proceeded to the large ward, where luncheon was served, Sir James Picton (the Mayor having been obliged to leave in consequence of other engagements) presided.

After luncheon several toasts were submitted.

Sir JAMES PICTON: I have first to propose the toast of "The Queen, the Prince and Princess of Wales, and the rest of the Royal Family." To attempt to say anything in praise of our Queen would be like gilding refined gold, or painting the lily. (Applause.)

The toast was loyally received.

Sir JAMES PICTON: Now, ladies and gentlemen, I have to propose a toast which will draw forth, I am sure, a considerable amount of eloquence, that is the "Clergy and Ministers of all denominations," and I connect with that the name of the Rev. Canon Fergie. I have here also the name of the Rev. Mr. Dallinger, but as he is not here, if you will permit me, I will connect with it the name of the Rev. Samuel Pearson.

The Rev. CANON FERGIE: Ladies and Gentlemen,—I rise with very great pleasure to thank you most heartily for the kind manner in which you have been pleased to drink the health of the Bishop and clergy of the diocese, and the ministers of all denominations; and I can in all sincerity assure you that I respond as heartily, in conjunction with Mr. Pearson, on behalf of my Nonconformist brethren, as I do with those with whom I am more intimately associated. Although we may differ on matters of minor importance, as homœopaths differ on the vexed question of high and low potencies, yet, like them, we are one upon the principle recognised and the object desired. (Applause.) We recognise the potency for good in every religious system which has for its object the glory and honour of God and the salvation of



man. Most cordially do I sympathise with that grand and noble sentiment of the apostle :—" Grace be with all them that love our Lord Jesus Christ in sincerity." (Applause.) As men whose office and desire are to promote the spiritual and bodily well being of our fellow-men, for there is a closer connection between physical and moral forces than most people suspect ; as men whose special mission is to the poor, who know their sorrows and their needs, and seek to mitigate their woes, we are under very great, vast obligations to Mr. Henry Tate for this magnificent example of wise philanthropy. (Applause.) I envy him this unspeakable luxury of doing good.

O, sweeter than the sweetest flower,  
At evening's dewy close.  
The will, if united with the power,  
To succour human woes.

(Applause.) But not only, Sir James, are we deeply indebted to Mr. Henry Tate for this, not only has he done much to lessen the sorrows and to increase the joys of his fellow men, but this institution will ever stand forth as a grand and noble monument of the splendid genius whose name it bears—(applause)—and must necessarily give an enhanced impetus to the system, to the therapeutic methods here practised, to that system which sprang from his philosophic and profound research. Surely, no one can look upon this magnificent building and mark how here and elsewhere, throughout the whole world, the principles of homœopathy are advocated and adopted by the most sagacious, the most prudent, the most intelligent of mankind ; by men eminent in every department of public life ; eminent, like Mr. Tate, as men of business ; eminent, as men of science ; men eminent in art, literature, journalism, and so forth, without at least feeling that there is *prima facie* evidence that homœopathy is entitled to investigation, and that its practitioners and adherents deserve more courtesy and consideration in some quarters, than one occasionally sees extended to them. (Applause.) I cannot sit down without expressing the opinion that the institution of hospitals, like this and kindred institutions, throughout the world give the hope, in fact are the dawn of a brighter and happier day ; and were only a few more allopathic practitioners to prescribe single medicines and drop doses, were only a few more examiners of the Royal College of Physicians to incorporate in their text book a few more pages from Dr. Hughes' manual, with, of course, their usual grateful recognition of indebtedness—(laughter)—it would render this Hahnemann Hospital, of Liverpool the centre, as I believe it to be the nucleus, of a grand and successful homœopathic school of medicine. (Loud applause.)

The Rev. S. PEARSON : Sir James Picton, Ladies and Gentlemen, I exceedingly regret the absence of Mr. Dallinger, as he would so much more ably have represented my Nonconformist brethren than I can possibly do. But I feel released from having to make any lengthy observations by the very kind words which have just dropped from the lips of Canon Fergie. It does indeed rejoice one's heart to find that he is able to speak and feel in this liberal way, not only with regard to medical dissent, but also with regard to theological dissent ; we desire to stand in harmony with our brethren of all Christian religious denominations in all good work that is to be done. And on this occasion you will allow me to say that we desire to stand side by side with the doctors of both schools of medicine, for we have to meet them at the bedside of the sick and, as far as our limited knowledge goes, to assist them all that we can. We say if you can cure the sick and heal the wounded we shall be extremely gratified ; but I could not allow myself to stand in this position to-day without saying that I can personally testify to the great good that has been accomplished by this special school of medicine. I think it behoves us all to take the opportunity of testifying this for, after all, while we as medical laymen cannot possibly understand the subtle processes which are understood by the medical profession, yet we are good judges on practical points. We know when a patient is getting better and when a patient is getting worse, and we have seen over and over again the homœopathic treatment and homœopathic medicines have the very best effects ; therefore, I speak on behalf of my ministerial brethren when I say that we wish all success to the Institution, at whose opening we are so proud to be to-day. (Applause).

Sir JAMES PICTON proposed " Health, long life, and prosperity to Mr. Henry Tate," the donor of this magnificent institution. Mr. Tate was a man who had risen by his own efforts, and had devoted the wealth he had honourably acquired to the benefit of his fellow creatures and to the benefit of society at large. If he were asked to define in a few words the character of Mr. Tate he should do so in the three words—sagacity, enterprise, liberality—(applause)—sagacity to discover the means of benefiting the public and enriching himself at the same time honourably and worthily ; enterprise in carrying it out, perhaps at considerable risk, though it had happily been attended with the utmost success ; and then came the liberality to use the means put into his hands for the benefit of his fellow-creatures. He thought a career like that deserved honour and commémoration. He referred to his long acquaintance with Mr. Tate, whose public

services in the City Council he commended. Sir James said he would tell them candidly he did not like the name Hahnemann Hospital; he would have liked it to have been the Tate Hospital. (Hear, hear.) They might call it by what name they pleased, but in the eyes of the public it would be Tate's Hospital to the end of time. Therefore, with all possible deference to the committee he thought they had made a mistake in giving it the name of Hahnemann instead of Tate. He trusted that the institution would progress in its usefulness, would widen its influence, and extend its operations even beyond what at present they could look forward to. (Applause.)

Mr. W. H. TATE, who was warmly received, in his father's name returned them his most grateful thanks for the kind way in which the toast had been proposed and the cordial way in which they had received it. He could only say that if his father had been present he would have felt complimented on seeing so many of his friends there. He thought it promised very well for the future of the new hospital. There had been a great deal of care and consideration and thought bestowed on the building and on the general points of detail, which were necessary in the construction of a hospital of that kind. He thought they were especially fortunate in having in the medical profession of Liverpool and in connection with the homœopathic dispensaries gentlemen who had been there for many years, and constituted a very able medical staff to which the new hospital might be entrusted with very great advantage. On that ground alone he thought they might be pretty sure of success. But there was something more wanted—the kind help and personal assistance of all their friends and all the friends of homœopathy at large, because it would not do to have a valuable institution like that starving for want of funds. The names of the gentlemen who were on the committee were, he thought, a sufficient guarantee that those funds would be carefully, wisely, and economically administered. (Applause).

Sir JAMES PICTON: I next propose for your acceptance the toast of the "Hahnemann Hospital and Dispensaries," and couple with the toast the name of Dr. Drysdale. (Applause).

Dr. DRYSDALE, in reply, said: It is not given to many of us to see a full measure of fruition of our aims and hopes when that had been delayed nearly a generation and a half. Yet it is now forty-five years since the dispensary, which was the precursor of this institution, was opened in Benson Street by Dr. Chapman and myself. Our aim and object was, besides charity, to call attention here to the homœopathic theory, in the hope that the hospitals and other medical institutions would examine and adopt it as far as practicable. It seemed

to us, as it did to our fellow-believers all over the world, that a great and noble profession like that of medicine, which is continually proclaiming its self-sacrifice and love of truth, would surely examine with candour and receive into general medicine whatever was true and practicable in the homœopathic method, without any schism apparent to the outer world. (Applause.) Thus to hope or believe was, however, to forget the imperfection of human nature and ignore the teachings of history, for in no profession does the average of the individuals composing it attain to the ideal standard. Not all the clergy rise to the height of their calling; nor do the lawyers, nor statesmen, nor merchants, nor men of any other class show an average at all near their ideals. The majority of medical men of this and the last generation when put on their trial by the appearance of homœopathy had lamentably failed to act up to the principles they professed by condemning it without any experimental investigation whatever. As far as I am aware, since the foundation of our homœopathic dispensary, not one single experiment has been made in the other dispensaries and the hospitals of this town to prove or refute the truth of our main principle. And yet most medical men of these institutions have gone on year after year assuring the public, with the utmost self-confidence, that our whole method was nothing but a system of either fraud or fallacy. Nor has the opposition of the majority of the profession been merely negative; it has been positive and active in preventing a fair trial in hospitals when the course of events beyond their control had opened a way for that. Some years ago Dr. Henderson, the Professor of Pathology and Clinical Medicine in the University of Edinburgh, being convinced after experimental trials of the fundamental truth of homœopathy, adopted it not only in his private practice, but in the wards of the infirmary. One would naturally think that men of a liberal and scientific profession would have rejoiced to see a great question like this put to the proof by such very competent hands. But no. The medical faculty who had the power of appointment to the infirmary, immediately met, turned Dr. Henderson out, and put a stop to this most instructive experimental trial. They wished also to turn him out of his professorship of pathology, but here, fortunately, the appointment lay with the Crown, which did not share the paltry prejudices of the medical faculty. (Applause.) A similar incident happened in Paris during the Second Empire, and here the Government, more enlightened than the medical faculty, upheld the appointment of Dr. Tessier to the Hospital Beaujon after he had declared in favour of homœopathy. The practice of homœopathy in a public hospital open to all

students of medicine during Tessier's time had a most important influence on the spread of homœopathy in France. This shows us what our greatest want is, namely, public hospitals, where the students and future practitioners of medicine can see the homœopathic method at work, and judge for themselves what truth there is in the miserable misrepresentations of homœopathy put before them by their teachers, otherwise, no doubt, estimable men, but, in this matter, blinded by ignorance and prejudice. So far our dispensary has been a complete success, and has attained the highest measure of utility to be expected from such an institution, under the management of a committee composed of a succession of gentlemen of great talent and business capacity who have kindly given their time and trouble year after year. Among these have been conspicuous the names of Messrs. J. Yates, Lee, Castellain, Theodore Rathbone, Haddock, A. J. Mott, Edgar, Capper, Dismore, Grayson, W. H. Livesey, and last but not least Mr. Henry Tate, who from 1854 till 1881 gave his valuable services on the committee. During that time, as he has told us, he became impressed with the utility of the institution both in the cause of charity and of science, as well as the circumscribed nature of its powers compared with those of a hospital. The fruit of these reflections acting on an enlightened mind and a noble and generous heart we see before us in this splendid and commodious building, the opening of which we are engaged in celebrating with joy and thankfulness. (Applause.)

Dr. HAYWARD, senior, whose name was also associated with the toast, said: Sir James Picton, ladies and gentlemen, after that very full and lucid explanation as to the origin of the hospital, I will not detain you a moment except by referring to one point. This hospital was Mr. Tate's own spontaneous desire, after observing the necessity that existed in this city for such an institution. For years we did all we could to check Mr. Tate's philanthropic impulse in this direction. It is a fact that those who believe that homœopathic medical treatment is by far the best for the poor, as it is for themselves, support about one third of all the hospitals in the city, and yet they have no corresponding privilege or power in them. They cannot, for instance, send a poor person into those hospitals to be treated in the way which they themselves would prefer and the way in which these poor wished to be treated, but they have to submit them to a kind of treatment that they know the poor themselves do not wish and that they themselves do not believe in, and will not, in fact, submit to. (Applause.) We considered that homœopathic treatment should be offered in

our City hospitals; and some of us, some years ago, offered our services to the Royal Infirmary and to the Children's Infirmary. One of the homœopathic laymen offered to furnish some empty wards in the Children's Infirmary for this purpose, but those offers were rejected, although the same wards were remaining empty for want of furnishing. The medical staffs of these hospitals banded themselves together and successfully prevented the introduction of homœopathy into the hospitals. Under these circumstances, we could not further refuse to support Mr. Tate's philanthropic desire, and he has now erected this hospital for the purpose. We think that it should be very carefully borne in mind that this hospital has not been erected in any sectarian spirit, or that it is in opposition to the existing hospitals, or even in competition with them. Mr. Tate, as he has mentioned in his letter, intended and hoped that, by the erection of this hospital, the homœopathic practitioners of this City would be able, or at any rate have the opportunity, to demonstrate the superiority of homœopathy over the old system. (Applause.) The main object he has had in view has been to supply the poor of this City with the opportunity of being treated in a hospital, when they are not free agents, sickness having driven them there, in the same way as they have elected to be treated all their lives. (Applause.) Therefore, I think, sir, that the homœopathic body is very much indebted to Mr. Tate for this hospital. His intelligence has enabled him to recognise and meet a long felt want in this City. It is now to be hoped that the homœopathic body here will as nobly come forward and support the hospital that has been so nobly given, and which will ever be a blessing to the homœopathic poor of this City. (Applause.) I have great pleasure in saying that the committee and officers will do what they can to make it a success, and also to make it honour to Mr. Tate himself. (Applause.)

Major W. VAUGHAN-MORGAN also responded, and said that he had experienced the greatest pleasure at being present on such an auspicious or rather momentous occasion. The hospital would not only prove to be a monument to the great Hahnemann, but also to its generous founder, Mr. Henry Tate, and no more glorious one could be erected by any man. He would venture to emphasise the opinion expressed that all should put their shoulders to the wheel and form an endowment fund worthy of the beautiful building in which they were assembled, thus following the example of its founder. Without working funds no good results could accrue, and he knew by long experience the difficulty of keeping up annual subscribers. Homœopathy is spreading, if not directly,



certainly laterally, because it is affecting other schools of medicine very considerably; and although some medical periodicals do what they can to boycott and keep out all homœopathic subjects, still some are coming round to the view that homœopathy is deserving of consideration. In last week's journal called *The Chemist and Druggist*, which has a very considerable circulation among medical men, there is this sentence, "It is not within the province of this article to discuss the respective merits of homœopathy and allopathy, but we feel justified in recommending each new graduate in medicine to inquire into homœopathy as scientifically practised before issuing his ukase against it. Perhaps the following of this advice will confirm the scoffer, or turn the sneer into a prayer; in either case we offer it." Then in the *Philanthropist*, a journal which circulates among those concerned and interested in hospitals and similar institutions, occur these few lines:—"Originally it was a sin against the medical creed to give homœopathic medicines; afterwards, because leading physicians began to give such remedies, it became not a sin to give those medicines, but simply for a man to name himself 'homœopath.' Now, however, when medical men have used homœopathy, but have not obtruded a 'designation,' it transpires that whether a man adopts a designation or not, if he thinks homœopathically he is *anathema*. So that it seems to come to this, that a medical man may practise homœopathically but he must not believe in homœopathy." That describes the state of mind of a great many medical men at the present day. I did not want to bring anything medical before you, but I cannot refrain from referring to an article which appeared in the *Lancet* last week and which evidently must have been written either by the shop boy or the printer's devil. I presume the editor has gone to the North shooting. (Laughter.) The writer of the article says: "To attempt to set up any special hypothesis or to lay down any particular law is in itself an act of revolt against science." I do not think even the shop boy could have written that. I so entirely misunderstood it that I turned to the word "science" in 'Webster's Dictionary,' and found it thus set forth: "Science applied is a knowledge of facts, events, or phenomena, as explained, accounted for, or produced by means of forces, causes or laws." I think, when the *Lancet* has come to write that sort of stuff, that the beginning of the end must be within sight. (Applause.)

Dr. HERBERT NANKIVELL (Bournemouth): It is very gratifying to be asked to propose the toast of "Homœopathic Literature and Journals," especially as some years ago I had a little literary work in connection with one of our special



journals, at a time to which I always look back with a very great deal of pleasure, because it was a time of special association with my friend Dr. Pope, the present editor of the *Homœopathic Review*. Editors come and editors go, but my friend has always been editor of the *Homœopathic Review*, and I believe he always will be the editor as long as he has life and power. It reflects credit on Dr. Pope in the same way as Dr. Pope reflects credit on the journal with which he is connected. I have also to connect with the toast, the name of one who is especially known among us in connection with literature, that is the name of Dr. Hughes. (Applause.) I can only say it makes one absolutely and actually ashamed of one's self, when one thinks of the work done by such men as Dr. Pope and Dr. Hughes. There are a great many literary men in this room. Among our local friends there is Dr. Drysdale (applause); then I see Dr. Dudgeon and other gentlemen who have worked hard for homœopathy, who have reflected credit on homœopathy, and homœopathy is indebted to them more than we can tell at this moment for its present standing. I beg to connect with this toast the names of Dr. Pope and Dr. Hughes. (Applause.)

Dr. POPE: Sir James Picton, ladies and gentlemen—I am exceedingly obliged to you for the kind manner in which you have drunk the toast of “Homœopathic Journals and Literature.” My friend Dr. Nankivell has recalled to my mind the time when I had the very great advantage of his assistance in the conduct of the *Review*. It lasted, I am sorry to say, for but too brief a period, but to me at that time his help was simply invaluable. I only hope that now, in another sphere, but directed to the same purpose—the cultivation of homœopathy—Dr. Nankivell's very considerable literary talent will bring great advantage to us in the future. (Applause.) The position of the editor of a journal, the very *raison d'être* of which is to advance and develop a doctrine of therapeutics that is based on the most unassailable facts, and has been proved to be of such enormous importance to the public at large, and yet is at the same time so much misunderstood and misrepresented, is one I conceive of very considerable responsibility. For it is a doctrine which, were it adopted by the profession at large throughout the world would have the certain effect of shortening acute illness to a very large extent; of diminishing the death rate in every town; and of lessening the number of cases of chronic ill-health; while in the smaller matters of the sick chamber, the disagreeable impressions and terrors of sickness would be very materially lessened throughout the world. To bring about such a state of things as this is our object in endeavouring to propagate this doctrine through our

journals, and the responsibility lies upon us to conduct this propaganda as rapidly and effectually as possible. The work also is somewhat laborious, because, as things go at present, the editor must not depend upon his journal for any remuneration whatever. The work must be done in what are termed "leisure hours." That is to say, to a busy practitioner of medicine, at a time when the bulk of mankind are in bed and asleep. But though it is a responsible and to some extent a laborious task, it is a very high privilege and a very great pleasure to be permitted to take any part in hastening such a period as that to which I look forward. I take it that the fact that homœopathy will in time be recognised throughout the entire profession as the scientific basis of therapeutics is about as certain a thing as anything in this world well can be. Whatever may be the fate of the doctrine of infinitesimal doses, or of the doctrine of drug dynamization, I do not pretend to prophecy; but of this one thing I do feel very certain, that the doctrine of *similia similibus curentur*, or in one word of homœopathy, will be regarded as the basis of drug selection by every teacher and practitioner of medicine. I take it then to be a great privilege to have any part in hastening such a change as this. On looking back through twenty-two years I can recall no work I have enjoyed more, for there is none which I believe is more important for the science of medicine and the benefit of the public than is the setting forth, the defending and endeavouring to perfect the practice of a therapeutic doctrine so far-reaching in its advantages as is homœopathy. (Applause.)

Dr. HUGHES said he felt honoured by being called upon to respond to the toast of Homœopathic Literature, as he was thereby taking up a duty performed from time immemorial by Dr. Dudgeon, and from which, he was sure, they had only relieved that veteran, but evergreen worker, to spare him continual repetition. For himself, what little he had done in time past, was to aid in making the literature of homœopathy, and especially its *Materia Medica*, *interesting*. The work on which he was now engaged, the *Cyclopædia of Drug Pathogenesis*, also had this among its minor aims. Its ambition, however, was a vaster one, and if he was spared to complete it, he should rejoice in having been allowed to add his stone to the cairn, ever growing, in honour of the immortal Hahnemann, to which the hospital opened to-day was so noble a contribution. (Applause.)

Mr. R. D. HOLT: Sir James Picton, ladies and gentlemen—I rise to propose the health of the committee, and I do so in the assurance that a more able body of men it would hardly be possible to gather together. Before sitting down I would

also return one word of thanks to the committee and Mr. Tate, on behalf of the Homœopathic Congress, who met here yesterday. I am sure we shall all join most heartily in drinking the health of the committee, and expressing our thanks both to them and to Mr. Tate. (Applause.)

Mr. THOMAS CROSFIELD, whose name was associated with the toast, said: As chairman of the committee I may say I think we have a committee that is intending, and has shown an earnest of working well, for this institution and for homœopathy in Liverpool. The committee is composed partly of laymen and partly of men connected with the medical profession. In the laymen we have business-like capacities, and in the professional men we have the technical knowledge which is so necessary to carry on this institution advantageously. I can speak of what the committee has done in the past since I have been connected with the institution, and I can say that they have attended most faithfully and diligently to the duties they have had to perform. Now we have got larger and more extensive and more important duties to perform, I hope and believe the committee of the future will be equally as diligent as the committee of the past has been in attending faithfully to their duties. I thank Mr. Robert Holt, and you, gentlemen, for drinking the health of the committee. (Applause). Mr. Crosfield concluded by reading letters which had been received from the Earl of Lathom, the Earl of Sefton, Mr. A. B. Forwood, M.P. (Secretary to the Admiralty), Sir Andrew B. Walker, Bart., Mr. S. Smith, M.P., Mr. Wm. Rathbone, M.P., and others.

Mr. S. S. BACON, whose name was also coupled to the toast, in responding, said: I rise in obedience to your call, as one of the committee of this institution, to express briefly the committee's high appreciation of Mr. Tate's gift, and to assure him, through you, of their steadfast determination to do their utmost to carry out his beneficent intentions. No one can be more sensible of the obligation conferred on us by Mr. Tate than I am, and few have been so long interested in homœopathy as I have been. I became acquainted with its principles in Paris and London as far back as 1845 and 1846, and was a firm adherent to homœopathy when I came to reside in Liverpool in 1848. Since then, for nearly 40 years, I have experienced its working in my own family, oftentimes in circumstances sufficiently trying to test the faith of any one to the utmost. I recollect 30 years ago the great cry on the part of the medical practitioners and supporters of homœopathy was—"O! that we had an opportunity of demonstrating to the public the results of our practice. We are excluded, kept out

of every institution. We have no means of making manifest to the world the correctness of our views. What we want is an hospital." Some even went so far as to ask for a ward at the Royal Infirmary or a wing of one of the existing hospitals. Failing in these respects, the next best thing they could do, they did—they built the dispensary in Hardman Street, and were rewarded by its unqualified success. Many thousands of poor patients have every year partaken of its benefits, and have shown their appreciation in the most practical way, by paying a large proportion of its expenses. Now, Mr. Tate has, of his own accord, nobly come forward, and by his own unsolicited, spontaneous, and generous impulse, provided what was so ardently longed for—a new hospital and dispensary combined—both complete in every respect, so substantially built and so abundantly furnished that no new appliances of any consequence can be required for years. He has laid down no hard condition—he has not tied and bound his gift in fetters, but has given it with a freedom and largeness of heart, and with far-seeing regard for the future advance of thought and discovery. He seemed to say, I do not give this hospital to you simply and solely because you are homœopaths, but because I believe you at present represent modern thought—the most advanced views of scientific practice in the healing art. The time, however, may come when, with still greater light and knowledge, homœopathy may possibly be as much in the *rear* as it is now to the *fore*, then I should wish this hospital to be able to be adapted to any contingency—ready for every emergency and useful for all time. In this spirit and with these views the laws for its governance have been conceived and adopted in the broadest acceptation of the term. Mr. Bacon then entered into some detail on the question of finance, and the duty and necessity of the people of Liverpool providing a sufficient income for the management of the hospital, concluding by saying :—The fact is Mr. Tate, in the gift of this hospital and the way in which he has done it, throws down the gauntlet to the merchants and inhabitants of Liverpool. By his act he says : Here is a perfect, complete model hospital, what you have so long wanted ; it is fitted and furnished ready for use ; the laws for its guidance are accepted ; the trustees have willingly taken upon themselves the trust ; the committee, medical board and officers are appointed and waiting to enter upon their duties. Now provide the income. You acknowledge it is wanted—wanted for the increase of medical knowledge, wanted for the advantage of the curative art, wanted for the training of nurses, and, above and beyond all, wanted specially for the sick and suffering poor. I repeat, Mr. Tate says—not in words, but in deeds

that speak louder than words—I have done my best, I challenge you to do the rest. (Applause.)

Mr. GEORGE ATKINS submitted the toast of “Homœopathy in Liverpool and Success to its Progress,” and referred to the benefits he had received from the homœopathic treatment to which he was subjected during a serious illness. Continuing, he said: In 1842 there were only two homœopathic practitioners in Liverpool, whereas now there are more than twenty. With such progress in the past I think we may expect great things in the future, and this I am sure will be greatly accelerated by the opening of this hospital to-day. (Applause.)

Dr. MOORE, in reply, said: Sir James, ladies and gentlemen—I was going to give you an account of the progress of homœopathy in Liverpool, but as time is very limited now I will only briefly address you on the subject. The father of homœopathy in Liverpool is Dr. Drysdale, who settled here in 1842, and is to-day our recognised leader and guide. (Applause.) Dr. Chapman was the next on the scene, but he removed to London in 1847, where he died in 1865. He was succeeded by Dr. Hilbers, a noble-minded, generous-hearted man, who removed to Brighton in 1853 and died in 1883, after a most useful career. Dr. Stokes followed, and laboured with great assiduity and success at the literature of homœopathy. He died on the 1st of January, 1885. In 1848-49 the first conversions among the resident practitioners occurred, and Dr. Roche followed; in 1849 I avowed my belief in homœopathy. The year 1849 was memorable as that in which cholera was dreadfully prevalent, and a gratifying fact was that the mortality among patients who were treated homœopathically was much less than the mortality for the parish, it being as 25 to 46. This fact was acknowledged by Dr. Duncan, who was then medical officer of health. In 1855 Dr. Hayward announced his adhesion to homœopathy, and in a later year Dr. Slack also embraced homœopathy. Then later on we were joined by Dr. Simmons, Dr. Hawkes, Dr. Murray Moore and others, until now we number over twenty in the city and neighbourhood. What had given homœopathy the position it held in Liverpool? First, it had the advantage of a good start, viz., Dr. Drysdale standing to the fore as an able scientific man, and Dr. Chapman as a literary man. These men being in the vanguard of our great cause made the position of their followers a more easy matter. Then to those excellent qualities were added the ordinary virtues of perseverance, stability, and unity. Our unity has greatly helped our cause, and the long pull, the strong pull, and the pull altogether has been largely instrumental in promoting our success. There have been none of those evil divisions which were seen in Manchester.

The dispensary has been one of the most effectual means of advancing homœopathy in Liverpool, and it has turned out several men who now occupy prominent positions in our profession. For instance, there are Dr. Galley Blackley, Dr. Burnett, Dr. Nankivell, Dr. E. B. Roche, Dr. Atherton (of Sydney, Australia), and Dr. Murray Moore, of New Zealand. Our progress has been most marked up to the present, and the opening of this splendid building to-day augurs well for our future prosperity and success. Long may homœopathy continue its most beneficent work here, especially among the poor. (Applause.)

Mr. J. C. STIRR proposed the toast of "The Local Press," and in doing so said: In pointing out the services rendered by "The Press" to the cause of homœopathy, I would remind you that homœopathy in Liverpool is not what it used to be. We see it with its gifted practitioners, numerous adherents, thriving dispensaries, and now its handsome hospital; but it is well known to most of us here that it had its small beginnings, its violent opposition and professional ostracism; when the doors of the Liverpool Medical Institution were closed against homœopathic practitioners, who were thus deprived of the use of their library; and were refused a hearing in the recognised medical journals of the day. Those were the days of fiery trial, and it was then that the press of Liverpool opened its columns to the fair and open discussion of the merits of the system, and defended its adherents against attack; in fact, gave homœopathy the fair field it asked for, and a public hearing. These were noble services to render at such a time and under such circumstances, and we wish to record our appreciation of them. But we have to thank the press not only for services rendered in time past, but for generous aid down to the present day, in reporting the proceedings of the homœopathic institutions of this City and in giving prominence in lengthy and kindly notices to this hospital, from the day when Mr. Tate publicly made known his intentions, until now the day of its opening.

Mr. HUGH FARRIE, formerly of *The Liverpool Daily Post*, responded.

This concluded the proceedings at the luncheon. Subsequently there was a reception, and in the evening a concert was given, under the superintendence of Mr. Henry E. Rensburg, in the lower large ward of the hospital.

On the following evening, a miscellaneous concert took place in the same room, presided over by Dr. J. Davey Hayward.



## · NOTABILIA.

### A NEW MEDICAL ASSOCIATION.

A MEETING, to which all homœopathic practitioners had been invited, was held on November 23rd, at 8 p.m., at the London Homœopathic Hospital, to form an association of all practitioners who accept the principle of similars; having for its object the placing of the doctrine of homœopathy more distinctly before the majority of the medical profession. We hope to give a full report of it in our next issue. Dr. Dyce Brown was in the chair. The speakers were the chairman, Dr. Hamilton, Dr. Dudgeon, Dr. Jagielski, Dr. Roth, Dr. Wheeler, Dr. Noble, Dr. Carfrae, Mr. Knox Shaw, and Dr. Percy Wilde, the originator of the scheme. A resolution, proposed by Dr. Roth, and seconded by Dr. Dyce Brown, that the new association be formed, but that all details be remitted to a committee for careful consideration, was carried by a large majority, against an amendment, proposed by Dr. Dudgeon, seconded by Dr. Wheeler, that the association be not formed. The temporary committee was re-appointed, with power to add to their number, and Dr. Percy Wilde, Dr. E. Neatby and Mr. Knox Shaw were appointed joint secretaries. Seventy members have been enrolled.

### BRITISH HOMŒOPATHIC SOCIETY.

THE third ordinary meeting of the session will be held on Thursday, December, 1st, 1888.

Papers will be read by Dr. Wolston, of Edinburgh, on *Electro-cautery; its Applicability to Naso-pharyngeal, and other Maladies, with Illustrative Cases and Morbid Specimens*; and by Dr. J. Galley Blackley, on *Some Affections of the Skin and its Appendages treated by Electrolysis*.

### APOSTOLI'S TREATMENT OF UTERINE FIBROIDS.

IN an article in *The North American Journal of Homœopathy*, descriptive of Dr. Apostoli's electrolytic treatment of uterine fibroids, Dr. King, of New York, says:—

“ If it be a hæmorrhagic fibroid, the hæmorrhage will almost immediately stop if the positive pole is used internally and the patient be able to bear a very strong current.

“ Striking, as this may be, it is not more so than the improvement in the general health and constitutional symptoms. The appetite improves, the patient sleeps well, gains flesh, and feels much better in every respect. Fat accumulates in the abdominal wall, the local symptoms one by one disappear, and this same good effect will continue, under proper treatment, until the cure is effected.



“Although I have never seen a fibroid tumour entirely removed by electrolysis, I have yet to see a single case, that has been under treatment a sufficient length of time in which every symptom that could be traced to the tumour did not disappear, and this relief, so far as I know, has been permanent.

“I saw cases in Paris treated by Dr. Apostoli two, three and four years ago, which were as well as when discharged from the clinique.

“That there are cases which are but slightly or partially relieved, I know; there must be many, only I have never seen one.”

Our readers will be interested to learn that this method of treating uterine fibroids is being tested in several cases at the London Homœopathic Hospital by Dr. Carfrae.

#### “FROM EMPIRICISM TO HOMŒOPATHY.”

From an Edinburgh graduate in medicine practising in New Zealand, who has recently been studying and clinically-testing homœopathy, we have lately received the following gratifying testimony of its value. He says: “I have been steadily testing homœopathy whenever I could, and I can endorse your remarks as to the success of the system. Its charming simplicity and definiteness is most delightful to one who knows by painful experience the opposites of the allopathic method—if method it can be called. I could write very wrathfully about old school medicine. It reminds me forcibly of the Biblical expression of giving a stone for bread, or a scorpion for fish. The utterly destitute condition of old school physic in the matter of scientific principle is at once disheartening and humiliating. My heart-agony used to be—Oh! that I had some principle to guide me. And now the grand Hahnemannian law has come in answer to my prayer. Under these circumstances, is it any wonder that I long to be practising homœopathy pure and simple? The more I investigate the subject practically, the more enamoured I am of it. I think that we who began as allopaths must hold homœopathy much dearer than those fortunates who are hereditary homœopaths.”

We commend these extracts to the attention of the sceptics in medicine—to those who believe that no drug can cure disease, and yet go on prescribing drugs more or less every day!

#### HEALING BY CRITICISM.

A quite new therapeutic method—though infallibility rather than greater variety would seem to be the desideratum with our therapeutic methods just at present—is hinted at in the

very entertaining and suggestive paper on *Christian Science and Mind Cure* by Dr. J. M. Buckley, to be found in the *July Century*. We quote Dr. Buckley *verbatim*:—

“On a visit to a branch of the Oneida community at Wallingford, 1856, I asked Mrs. Miller, the sister of John H. Noyes, the founder of the community, what they did if any of the inmates became ill, as they repudiated medicines. She said they had very little sickness. ‘But have I not heard of an epidemic of diphtheria among you?’ She said that there had been, but that by their treatment they saved every case. ‘What was that treatment?’ ‘It was treatment by criticism.’ ‘How was it applied?’ ‘So soon as a person was taken ill, a committee was appointed, who went into the room and sat down, paying no attention to the patient. They began at once to speak of him or her, criticising the patient’s peculiarities, bringing every defect to the surface, and unsparingly condemning it.’ Mrs. Miller added that no one could bear this more than an hour. The mental and moral irritation was so great that they began to perspire, and invariably recovered.”  
—*New England Medical Gazette*, September.

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## PLASTIC BRONCHITIS.

### A CORRECTION.

In an article on bronchitis, in the last number of *The Review*, I mentioned *bryonia* as having been shown, by the experiments of M. Curie, of Paris, to be homœopathic to the plastic form of the disease. This conclusion I illustrated by reference to a case that had occurred to Dr. Gibbs Blake, in which I had understood, from a letter I had received from him, that the medicine given was *bryonia*. I find, from a subsequent letter, that I had misread *bryonia* for *bromine*. It was *bromine* that cured Dr. Blake’s patient. *Bromine* has so far been proved to produce a somewhat similar condition to plastic bronchitis, in that Heiembarger, in his experiments on animals, found the inflammation of the mucous membrane of the larynx and trachea to have an exudative character, and to tend to the formation of pseudo-membranes. In addition, the deeper portions of the lung structures are invaded and give rise to intense dyspnoea. *Bromine* is a drug, the poisonous effects of which are rapid in their action; were it possible to develop its influence slowly, it is more than probable that the plastic exudation seen in the trachea would be found to extend more deeply. Nevertheless, the most clearly homœopathic remedy to the generic form of plastic bronchitis is *bryonia*, so far as we know at present.—ALFRED C. POPE.

## OBITUARY.

## ROBERT DOUGLAS HALE, M.D.

WE regret to announce the death of Dr. HALE, of Brighton, who has been long and favourably known in connection with homœopathy.

Dr. ROBERT DOUGLAS HALE studied medicine at the hospitals of his native city—Dublin. Having resolved on practising in England, he took the diploma of the College of Surgeons in 1839, and that of the Apothecaries' Hall in 1842, and shortly afterwards commenced general practice in the county of Norfolk. Here his attention was directed to homœopathy, and he devoted himself with much earnestness to its clinical investigation. In 1851 he went up to the University of St. Andrews for examination for the degree of Doctor of Medicine, and, passing, was duly "capped."

At that time the fanatical and ignorant hatred of homœopathy, which had prevailed for many years, had risen to its highest point, and the Senatus Academicus of St. Andrews, having heard that Dr. Hale was a homœopathist, and having been appealed to by *The Provincial Medical and Surgical Journal* to cut him off its list "as a gangrened spot should be severed from the living flesh," directed their secretary to demand the return of his diploma within ten days; this worthy man added, as a stimulant to Dr. Hale's diligence in its remission, the awful threat that in the event of its not being returned, "the University, for their own vindication, may judge it to be necessary to adopt measures which may prove to be very disagreeable to you." It is needless to say that Dr. Hale took no notice of the communication addressed to him.

Dr. Hale now settled in St. Leonards, where he practised with much success for some years. Removing to London he was succeeded in his general practice by Dr. Croucher, who still resides there. On taking up his abode in London, he joined the staff of the London Homœopathic Hospital, and during the time he was connected with it delivered a course of lectures on some of the acute diseases of the chest. Having for a considerable period been in indifferent health, he retired from London five or six years ago to reside in Bournemouth, where his energy and vigour were greatly restored. On the death of Dr. Hilbers, of Brighton, he was requested by some members of his family to take to the practice left. He consequently removed to Brighton at once, remaining there actively engaged in professional work until his death, which occurred on the 2nd ult. in the 72nd year of his age.

Dr. Hale was an exceedingly courteous man, of extensive general information in scientific matters, and well read in pro-

fessional literature. He was an occasional contributor to *The British Journal of Homœopathy*, to our own pages, and to the proceedings of the British Homœopathic Society, the members of which at their last meeting passed a resolution expressing their sympathy with Mrs. Hale and the members of his family in their bereavement.

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## CORRESPONDENCE.

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### DOCTORS AND CHEMISTS.

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—I have read with much interest your report of the discussion on "Doctors and Chemists," at the late meeting at Liverpool.

I have had painful experiences of the truth of much that was said then upon "Dispensing Doctors," and my thoughts went back to the time when prescriptions were a large and important part of the day's business.

All this, however, is now changed. I have been turning over the leaves of an old prescription book of 1874, and there find an average of more than *fifty per week*, I look to the present year, and I do not find *three per month*.

This marvellous reduction is not due to any misunderstanding with the medical men. We have two here, and I am on thoroughly good terms with both. It is the *system* which is changed; and how does the change work? I can confidently say that the patients are not better satisfied; many of them have told me they had rather go back to the old system of receiving prescriptions and letting the chemist dispense them.

This changed system is also a direct incentive to counter prescribing. If a customer comes with some slight complaint which I think I can relieve, it is only natural that I should prescribe for him, and keep him as a customer, knowing that if I send him to the doctor it is a direct loss to me, as I get no prescription and see no more of the patient. I think such an arrangement as that suggested by one speaker, between doctor and chemist, would work well. Patients would be better satisfied, and the chemist would get what I think is his due—some better remuneration for keeping unusual medicines and attenuations in stock for the convenience of the doctor, and which are seldom or never required by the outside public.

Yours respectfully,

COUNTRY CHEMIST

## NOTICES TO CORRESPONDENTS.

\* \* We cannot undertake to return rejected manuscripts.

We regret to find ourselves compelled to postpone the publication until January of the papers of Dr. J. D. HAYWARD and Dr. PROCTOR, together with others we have received from Dr. COOPER, Dr. CASH REED, Dr. PERCY WILDE, Dr. EDWARD BLAKE, Mr. S. H. BLAKE, Dr. EDMUND CAPPER, and Dr. BURNETT. We are also obliged to defer Mr. TATE's reply to the memorial presented to him at Liverpool.

We understand that Dr. SIMPSON has removed from Glasgow, to 77, Upper Parliament Street, Liverpool, and that he is succeeded at Glasgow by Dr. CALDER.

CONVALESCENT HOME.—Additional subscriptions in aid of this important object have been received from Dr. A. E. DRYSDALE (£1 ls.) and from Dr. PURDOM.

Communications, &c., have been received from Dr. DUDGEON, Dr. CLARKE, Dr. JAGIELSKI, Dr. NEATBY, Mr. KNOX SHAW, Dr. BURNETT (London), Dr. WOLSTON (Edinburgh), Dr. GIBBS BLAKE (Birmingham), Dr. EDMUND CAPPER (Liverpool), Dr. MOIR (Manchester), Dr. CLIFTON (Northampton), Dr. BROTHIE (Belfast), Dr. MURRAY MOORE (Auckland, N.Z.)

## BOOKS RECEIVED.

*A Clinical Materia Medica.* Being a course of Lectures delivered at the Hahnemann Medical College, Philadelphia, by the late E. A. Farrington, M.D. Edited by C. Bartlett, M.D., and S. Lilienthal, M.D., with a memoir of the author by A. Korndorfer, M.D. Philadelphia: Sherman & Co. 1887.—*Morrhua! the Active Principles of Cod-liver Oil, its Composition, Preparation, and Therapeutic Action.* Rigaud & Chapoteau. Paris.—*Otis Clapp & Son's Visiting List and Prescription Record.* Boston, U.S.A.—*Annals of the British Homœopathic Society.* Nos. lxiv. and lxv. London: Trübner & Co. Ludgate Hill.—*The Homœopathic World.* London. November.—*The Hospital Gazette.* London. November.—*The Chemist and Druggist.* London. November.—*The Monthly Magazine of Pharmacy.* London. November.—*The North American Journal of Homœopathy.* New York. October.—*The American Homœopathist.* New York. November.—*The New York Medical Record.* October and November.—*The New York Medical Times.* November.—*The New England Medical Gazette.* Boston. November.—*The Homœopathic Recorder.* Philadelphia. September.—*The Medical Era.* Chicago. November.—*The Medical Advance.* Ann Arbor. November.—*Homœopathic Journal of Obstetrics.* New York. November.—*The Clinique.* Chicago. October.—*The Medical Counselor.* Ann Arbor. October.—*Bulletin de la Soc. Hom. de France.* Paris. October.—*Bibliothèque Homœopathique.* Paris. June.—*Revue de L'Hypnotisme Experimental et Therapeutique.* Paris. September and October.—*Revue Homœopathique Belge.* Brussels. August.—*L'Union Homœopathique.* Antwerp. October.—*Allgemeine Hom. Zeitung.* Leipsic. November.—*Rivista Omiopatica.* Rome. October.—*El Criterio Médico.* Madrid. October.—*La Reforma Medica.* Mexico. September and October.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.















